Medical Times

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General Scientific

PSYCHOANALYSIS IN GENERAL PRACTICE

P. CHARLES GREEN, M.D.,
Philadelphia.

Sir James Mackenzie, who achieved an international reputation through his work in London, has recently established himself in the small town of St. Andrew in Scotland. His avowed reason for doing this was to accentuate the importance and recognition of early symptoms of disease as revealed to the general practitioner. Naturally, his lead has caused comment and frequent discussion throughout Great Britain. From Mackenzie's viewpoint, the general practitioner is valuable to his patient and the community in proportion as he is trained to observe the early danger signals, and thus render the study and the aid necessary to fight the oncoming malady.

On the other hand, Dr. Cabot, of Boston, holds that the present trend of scientific medicine is to eliminate the general practitioner in favor of the richly equipped hosiptal with its staff of specialists and heavily endowed laboratories.

Between these two views there is left the most important side of the triangle—the patient's. We can plan elaborate examinations and wondrous treatment, but they are subject to the patient's choice in the matter. The patient's choice of his or her intimate medical adviser is made almost entirely on personal, sociological, and psychological grounds. And it is specially in these grounds that the average physician receives practically no training.

The student in our modern system of medical education is taught practically everything, but the indefinable essences of humanity, or human action. The nearest approach that I know of is the "behavior psychology" of Professor John B. Watson, of Johns Hopkins University. To many of us the patient is simply a symptom box to be rattled and shook, petted and cuddled, ignored and condoled in our elusive hunt for one thing and one thing only—a definite disease. That the patient insists on being tagged with a definite disease is beside the question. We may be able to find a definite disease and yet not be able to cure our patient of either the definite disease, or, what is far more important, the "sick complex"—that is the chief result. Then again, we may find two diseases, or three, or again a symptom or a set of symptoms that refues to be tagged.

As every general practitioner knows, his patients may be roughly divided into two classes: those who get well under his administration, and those who don't. It is largely with the latter class that his study and worry rest. Just how long he will be able to hold his patient will depend on one thing and one thing alone—the patient's faith in his or her medical adviser. If both the patient's faith and "sick complex" be strong then the inevitable will be for the patient to lose faith, not in the adviser, but in the methods employed. From the failure to obtain relief the patient will frequently turn to practices apart from medicine, osteopathy, Christian Science, chiropractice, new thought, mechano-therapy, or other devices that seek to heal. Always you will note that the patient must tie to another personality; they must transfer or deflect their troubles through the agency of another being, either human or divine.

The scientific understanding of "transference" is one of the really big things that psychoanalysis has done. In it rests the whole therapy of this new knowledge; in fact, the chief therapy of all practices that seek to alleviate human ills.

The Patient Must Have Faith.

Which, after all, is only the biblical way of saying, "Without faith ye will all perish."

The second person rests in the practitioner, and in his or her ability to transfer ills and impart faith and so remove the illness through an agency material, psychic, or spiritual.

In his first dip into the sea of psychoanalysis, the general practitioner, if he approaches from the purely medical side, will find the waters icy cold. Doubt, suspicion, calumny, misinterpretation, misunderstanding, are life in the sanctums of organized medicine. This may be true of unorganized medical men as well, but I am sure not to the same extent, as you will usually find that the unconnected physician is a free lance—a rebel—a malcontent who refuses to stay put and be fettered and bound by the high and mighty. I say usually, but not always.

Psychoanalysis is so young that it is easy to beg in at the beginning with the writings and works of Freud of Vienna. Freud is the founder and leading

exponent of this new knowledge. Until very recently, the medical history and development of psychoanalysis has been so fragmentary and scattered that one must cover the literary output of many men to arrive at a comprehensive knowledge of its medical value. At the present, through the medium of Freud's latest book, it is possible to make a survey of this field and accept or reject what one pleases. I am satisfied that you will not always agree with Freud. The subject of dreams and their interpretations, symbols and their value, infantile sexuality, the unconscious, man's inherent sexuality, are primary subjects on which you may choose to dissent. I do not believe, however, that any one can read Freud's latest effort without realizing to the full the honesty, the sincerity, the fairness, the depth, and the originality of Freud, the creator.

Many men have followed Freud—Jung, Adler, Blender, Sadger, Stekel, and others in Europe; A. A. Brill, Jelliffe, Kempf, G. Stanley Hall, and others in America. These are the men who have written and expressed themselves; how many others have specialized in this field is problematical.

If the general practitioner is interested in psychoanalysis purely from a medical standpoint, and demands definite diseases and definite remedies he will be in for a vast disappointment. Freud tells us frankly that as a result of his years of investigation he found but three nervous disease that come within the therapy of this new knowledge. These conditions are psycho-neuroses as defined from the true neurosis. These are anxiety-hysteria, conversion hysteria, and compulsion neurosis. How many of the general practitioners ever put one of these labels on a patient? Mighty few. And yet how about that case of diabetes that would not stay on his diet? Or the syphilitic who shied at neo-salvarsan? Or the woman with the badly torn perineum who refused operation? Or the T. B. who insisted nothing was the matter? Or the neurosthenic with the many fears, and the dope with none?—all with a definite, positive personality of whom the disease was only a part; whereas their feelings, their emotions, their intellects, were the whole. Back of every disease is an individual, and back of every individual is his psychic self. And the study of that psychic self is just what psychoanalysis is—individual psychology.

Before one can know another individual, one must know one's self. Which brings us back to Descartes: "I am, therefore I exist," and yet another step to Socrates, "Know thyself," and again home to Hippocrates, "Physician, heal thyself." In psychoanalysis, one starts with one's self. Analyze not only every psychic thought, but the action that results from thought. That means everything you say and do; it means everything you think and ponder. It means suppression, repression, expression. You will find it a big job, I grant you, and one that will give you a light on yourself and your activites that you never suspected.

After you reduce your mental analysis to a fairly definite system, turn the light on the mental processes of your patients. As you hunt for a disease to cure, see if you can find a "repressed" personality that you can free, and, in freeing, cure the disease that caused it.

Psychoanalysis has made an appeal that is far apart from medicine. In literature, law, ethics, anthropology, commerce, everywhere, it appeals to the individual who thinks and feels and *reads*. Personally, my approach to psychoanalysis was through the domain of literature. For a long time previous I had been intrigued by references to Freud, principally by our leading realists. About this time I was engaged in a correspondence with Theodore Dreiser on the subject of that legislative monstrosity, Prohibition. I found that a full and free expression of my views on this subject relieved me of the "repression" from which I was suffering. Of course, the capitalists who brought about Prohibition had not thought of psychoanalysis (commercial psychology is their forte), but the "repressions" that have resulted from this national act will bear children a hundred years from now.

Twenty years ago, psychology was classed as a division of philosophy and the investigation, researches and teaching were conducted entirely along intellectual lines. Feelings, habits, instincts, were not even considered until experimental psychology came into being and now, through psychoanalysis, we find that human action is due to three fundamentals: self-preservation, the sexual instinct and the safety urge.

Today, because of economic, social and political pressure, the general practitioner finds himself threatened with extinction. Not so much must facts be faced, as we have been facing them all our professional lives, but the motives back of these facts must be traced out to their ultimate genesis before we can understand the forces that encompass us. These forces have worked so insidiously, so indirectly, so surreptitiously that the resultant action seemed to develop from the facts themselves and not as a result of the definite plans of men. Every human action has a human as the instigator. This action while it may be conscious, invariably comes from the unconscious, and it is because of our total ignorance of the influence of the unconscious that we have acted as individuals and as a class.

Psychoanalysis gives us an insight into the unconscious whereby we can frequently find the answer to many of our problems. The technique that psychoanalysis employs is most minute, searching, unfettered, unafraid.

Particularly must we study fear, as it is from this one source alone that most of our "repressions" come; and until we analyze the process of our fears we will be bound and fettered by condition that we are powerless to change or affect in any way.

At the present time, any knowledge of psychoanalysis must be self-sought, and self-taught. A very good beginning can be made by deep introspection of your own habits, instincts, pleasures, likes and dislikes, and other actions professional and personal. Make your life for a few days a perpetual question mark, and the information and insight you will gain will astonish you.

For example, have you, as a general practitioner, ever asked yourself why is it that one of the first sops capital throws to labor is "free" medical services?

Have you asked yourself why it is that labor will accept, as an individual, pauperizing contract services from a physician through the medium of a lodge, the industrial physician, the welfare centers, and reject the same principle utterly as an organization?

Have you wondered why physicians accept civic positions in schools, in health bureaus, in community organizations, that reduce their per capita call to the value of a few cents?

Have you wondered why our national government, through the Volstead Act, considers us so dishonest, so incompetent, so untrustworthy, as not to know when, how much, and the kind of alcoholic spirits we desire to employ as remedies?

If you can answer these questions fully, freely and truthfully, without the aid of a definite system of mental analysis, you are one in a thousand.

Psychoanalysis is in its very infancy, and just what medical value will come of it no one can say; but as a course in mental discipline it takes precedence over any part of human knowledge extant. Kidd, in "The Emotion of the Ideal," sought to develop that all-human power comes from the ability of man to concentrate and transfer the mind into action. So, if we general practitioner are to save ourselves physically, morally, and professionally, we will have to study motives and men,—men and motives are indissoluble, even with the spirit of the reformer and the sage—if there is such a spirit,—which I very much doubt.

A knowledge of the "unconscious" and the "libido" from a psychoanalytical viewpoint cannot but be of very great help to a physician in his work. Freud, in his "Introduction to Psychoanalysis," defines these states so clearly, so plainly, so authoritatively, that to attempt to paraphrase or transpose his words would be sure to lessen their effectiveness to a very great degree.

As to the "unconscious," he writes:

"The first of these displeasing assertions of psychoanalysis is this, that the psychic processes are in themselves unconscious, and that those which are conscious are merely isolated acts and parts of the total psychic life. Recollect that we are, on the contrary, accustomed to identify the psychic with the conscious. Consciousness actually means for us the distinguishing characteristic of the psychic life, and psychology is the science of the content of consciousness.

"Indeed, so obvious does this identification seem to us that we consider its slightest contradiction obvious nonsense, and yet psychoanalysis cannot avoid raising this contradiction; it cannot accept the identity of the conscious with the psychic. Its definition of the psychic affirms that they are processes of the nature of feeling, thinking, willing; and it must assert that there is such a thing as unconscious thinking and unconscious willing. But with this assertion psychoanalysis has alienated, to start with, the sympathy of all friends of sober science, and has laid itself open to the suspicion of being a fantastic mystery study which would build in darkness and fish in murky waters. You naturally cannot as yet understand what justification I have for stigmatizing as a prejudice so abstract a phrase as this one, that "the psychic is consciousness." You cannot know what evaluation can have led to the denial of the unconscious, if such a thing really exists, and what advantage may have resulted from this denial. It sounds like a mere argument over words whether one shall say that the psychic coincides with the conscious or whether one shall extend it beyond that, and yet I can assure you that by the acceptance of unconscious processes you have paved the way for a decisively new orientation in the world and in science."

As to the libido:

"Just as little can you guess how intimate a connection this initial boldness of psychoanalysis has with the one which follows. The next assertion which psychoanalysis proclaims as one of its discoveries, affirms, that those instinctive impulses which one can only call sexual in the narrower as well as in the wider sense, play an uncommonly large rôle in the causation of nervous and mental diseases, and that those impulses are a causation which has never been adequately appreciated. Nay, indeed, psychoanalysis claims that these same sexual impulses have made contributions whose value cannot be over estimated to the highest cultural, artistic and social achievements of the human mind.

"Obviously, we should gain slight profit if, following the example of Jung, we were to emphasize the original unity of all instincts, and were to call the energy expressed in all of them "libido." Since the sexual function cannot be eliminated from psychic life by any device, we are forced to speak of sexual and asexual libido. As in the past, we rightly retain the name libido for the instincts of sexual life."

The importance of the "unconscious" and the "libido" to the physician grows in proportion as to whether the practice of medicine has become a routine, automatic action, or if each patient presents a new view, a new light, and a new study. Pathologically, disease processes present a standardized similarity of appearance that allows the pathologist to identify and name them. How different is the patient who presents himself for treatment. Frequently, what he tells the physician is only the smallest and the least important part of what the physician should know.

Through fear, or shame, or egotism, or unconscious repression his real feelings and symptoms are repressed, either consciously or unconsciously. The really able physician is the one who by indirect questioning, by negative assertions, by psychic dexterity leads his patients to reveal facts the importance and relation of which the patient has not the slightest knowledge. The unconscious cleverness of a patient who wishes to conceal a medical fact is only equalled by his pleasure at having put one over on his physician. That he is the sufferer thereby never enters his mind, and if it did, the thought would be so distorted as to lose its meaning.

The time involved in the psychoanalytical examination is very important. The busy physican seeing twenty-five, fifty, or seventy-five people a day will have little time for this work, particularly of "the stuff that dreams are made of." Remembering our patient who "wishes" to conceal a medical fact, and contrasting this with Freud's view of "dreams" as "wish" fulfillment expressions, one can readily understand the importance of "dreams" in psychoanalysis. Despite the fact that Freud's "dream work" is the most elaborate, searching and revealing of all his studies of psychoanalysis, I cannot always follow him. My particular difference is with dream symbolism and dream interpretations. I am firmly convinced that if I submit the precisely same dream to three psychoanalysts, I would receive three different interpretations, and in these three there would be no common grounds of continuity.

As a test, I shall submit a dream for psychoanalysis:

The Dream:

A deep cellar or dungeon, the only light coming from an oblong opening at the extreme top, the opening being closed with three bars of iron, light reflected without, but *not coming in*. On the ledge of this window were four people, all males, and all in long, white robes. They were lying in a row, three horizontal and one vertical across the others. I recognized them, *without seeing their faces*, as all belonging to one of my families of patients. As their faces were turned towards me, I was horrified to see them in various stages of red ulceration, destruction and decay. The last one, a young man (Jack) was particularly revolting. No word was spoken, and the dream ended.

Comment:

This family had not been in my mind. On a street car, some two days previous, I met the father and was struck my his drawn, white appearance. He is tubercular; two children and one grandchild are tubercular; the boy, Jack, died six months ago.

The manifest content of this dream is startlingly obvious, and reveals the transmutation between the actual and its appearance in a dream. Here the part of the

family who were tubercular were not only separated, but the stage of decay and death also vividly outlined. The grave was depicted, and the light of life shown. If one were superstitious the analogy would drive one to seek spiritual rather than medical aid.

One must understand that the dream "element" is separated for study and analysis into "manifest content" and "latent thought."

The interpretations we draw from dreams deal not so much with what is obvious and expressed as with what is unconscious and repressed. So it comes, in the interpretations from *all* the dream element startling facts and sometimes equaly startling falacies are deduced. What are the facts? What are the falacies?

You cannot standardize the human mind, nor will all psychoanalysts have the same ability, discernment, and mental equipment. One must remember that in psychoanalysis there are always "two" minds involved, and the relations, the associations, the influences, the power (psychic and otherwise), that are generated and received constitute the bed rock of all human relations.

One does not dream when one is completely under an anesthetic, or drugged to the point of physical unconsciousness, nor in disease intoxications, nor any time the "mind" is paralyzed. This fact is of vital importance to the physican and its relation to the study of "dreams" will clear up many misty and clouded symptoms.

To my mind there can never be a certainty that a mental stimulus will always find a coördinate response. You may agree with what I say, but how am I to know what mental reservations you make with this agreement?

Dreams are always of a visual character. They are in effect and actually the "movies" of the mind. If it is a "day dream" it is a phantasy, and from the expression of these phantasies come all our literature, art and music. That is why psychoanalysis has created such profound interests and sympathies outside our profession.

Of the association of dreams and "movies" I once had an interesting patient. This was before I had the slightest knowledge of psychoanalysis. This patient was a sufferer from hay fever. One night he came into my office and told me that on the previous evening he had sat through a long picture of the far north and was amazed when his wife called attention to the fact that he was entirely free from any symptoms during the showing of the picture. He had been so intent in watching the picture that he never noticed the absence of symptoms. His wife, however, found the picture "uninteresting," and so had observed the effect on him. I sent him back to the picture alone, and he reported that while he was intent on the picture his hay fever symtoms were gone entirely, and when he "thought" of hay fever they returned, but in a milder degree. This one case helps to prove that there are psychic emanations of hay fever as well as animal, food and pollen emanations; and possibly the study and work of some of our serum specialists may be as much psychic as physical.

There is so much to learn, if only as a means of culture, from psychoanalysis that the physician is sure to find some avenue of interest that will more than repay him for his time. It is to be hoped that he will understand that a sketchy, fragmentary, disconnected paper such as this only points the way, and cannot be taken as an exposition of this new knowledge. If, however, he possess that greatest of blessings, an open mind, he will find romance and adventure in his search and perhaps the goal of all human endeavor—happiness.

2660 North 16th St.

SUCCESS IN THE PRACTICE OF MEDICINE.

ANTHONY BASSLER, M.D., F.A.C.P.,
New York

Employing the term or state of success to the practice of medicine it is intended to discuss points of view comprised "in having attained or habitually attaining success." What the state of successful is, comprises the personal attitude and belief of it, and entirely detached from these is the attitude and belief in it on the part of others. One may feel that he is successful, others doubting it or conditioning it in how it was done or being maintained. Also, others may feel a medical man successful, and in himself he pays no attention to it, or does not have it as a fixed idea. The latter is the proper attitude of a normal man and good physician, there being no qualification from this. One's own belief of success in a man as any professional person, like his reputation, is entirely in the hands of his neighbors, for when it is individual within himself it spoils the charms of simplicity and modesty, inhibits his best offorts, and the changes of life and practice are liable to bring out in him the smaller side of human nature which only reacts upon himself. This is important to always keep in mind because the work in medicine tends to make egotists of the average physician.

Success is a relative matter as well as one of conditions. Taking extent of a paying practice as a standard, what would be immense on the part of one may in another seem ordinary or even trivial. It is relative, likewise in a gradient way, because contented minds are not common among intelligent men, and were some of these men to suddenly gain what at the moment they feel they would be well satisfied with, in a short time thereafter they would be wishing for double again. It is relative also in contentment of mind in the kind of work they are engaged in. I doubt that Noguchi, Flexner, Carrel, Meltzer, Carlson, Rosenow and other prominent laboratory workers would be more satisfied to be getting on nicely in the general practice of medicine than the work they are engaged in. I doubt that surgeons like the Mayos, Deaver, Bruce and others we know would be happier in family practice than in their own fields. Then, I doubt that many other specialists would be willing to change from their types of work and success to-day to that of their first years of practice, and yet they would be remarkably able men in the general field even though they may feel differently about it. De Quincey in writing on the Caesars said: "The fecility of Augustus was often vaunted by antiquity (with whom success was not so much a matter of merit as itself a merit of the highest quality)."

My study of medical men has shown to me that whatever the field of work of the individual worker, the world judges him successful when he has attained merit and that he alone is the one to judge his selection of it and feel the happiness of work independent of quality from merit. The people seek merit in illness as in all other things, and they are very willing to allie and contribute to this in any capable individual. Unlike antiquity, however, the physician opposite to the soldier or the statesman, seeks for merit alone, the ability to do better, for I have yet to see the ethical medical man who, whatever his limitations and faults, has not as his cardinal desire the doing the best he can for the individual in his charge. This best may be far short of what could be done, but nevertheless his soul and heart are in it and are expressed in his efforts.

There are men of large clinical experience whose abilities and success have not been markedly benefited by it. True, it has given them a certain assurance and confidence in themselves, and commonly it has supplied

a contribution to that "sixth sense" in medicine which is valuable. But against such are many men who have drained their small experience, and though they be limited have benefited in merit immensely by it. The days are gone in medicine when position makes the man meritorious in the eyes of the public. Positions give opportunities for experience or teaching, and in these ways are most valuable, but the position itself is no assurance of success. There are many men in this city of unquestioned ability and larger extents of practice who have never had a visiting hospital or a teaching position. These may be seen in men even in the specialties, and on the other hand, there is just as large a group who have these responsibilities and whose success in name, fame, or worldly returns are meagre. The late Francis Delafield stated that "when the average medical man dies he cuts up small." I assume from this that he makes financial reference, estates the Doctor left to his family for them to continue on. This is sadly true for I have seen it many time. Often have I felt that life insurance was a God-sent institution for the families of deceased medical men; it compels saving and this seems impossible for many to do. On the occasion of considerable liquid assets constantly coming in, to acquire life insurance is poor business; it is expensive, and to get the best of it financially one must die in seven or eight years from the time of contract—after that you are the company's asset financially.

There must be a very widespread belief among the lay people that physicians are poor business men and very gullible. During the week following November 24, 1919, there came in the mails to me, eleven prospectuses of new oil well adventures, three of automobile manufactory concerns, seven letters advising investment, from brokers unknown to me, two new steamship adventures, one from a new orange grove in Florida, one very strongly worded that I should invest money in a cranberry raising adventure, three from metal mines, and six letters kindly drawing my attention to there being something good they would send me word about if I would inform them that I was anxious or interested. Leaving the last and the brokers' letters out of consideration, had I purchased one share of stock in each of these new concerns, 330 would have been required that week. Since 95 per cent. of prospectus affairs are failures at once or shortly afterward, my investments on the following Monday should have promptly dwindled to about $33. In plain fact, $300 would have gone to support others on monies that I had earned, men far more able to be philanthropic like this than we could afford to be. Then, too, with office and home maintenance, books, clothes and a little construction expense, federal and now state income tax, to have done this investing in addition would have meant that my income would have to be enormous for me to have the pleasure of holding up or down my physician's reputation for business acumen that the outside United States mind constantly compliments us with.

We are a noble profession. There may be doubt about what our hereafter homes may be, the Jew, Christian and the Atheist, have far from agreed on that, but there is no doubt that illness is a liability that few persons are willing to accent to, a far greater one than troubles between people which makes pabulum of income for the legal profession. From time immemorial we have been expected to be altruistic, generous hearted, philanthropic, charitable, and above the material things of life. With the expenditures for learning our profession, the laxities for meeting our responsibilities that the public views and treats us in, the cost of things to-day, the long hours of our work, the much that we do in service for nothing, the taxes and so forth, may it not be time for some of us at least to begin to believe that, instead of it being wise for us to be above mundane things of life, that we get below them as do all business men. I am not arguing to commercialize the profession. the example of the charlatan is one we never admire. He is 95 per cent. commercial and 5 per cent merit, while we are just the other way; but, I am arguing that in this day we should accept the view that the public is holding illness in, namely, one of liability, and not be over-influenced by the "holier than thou" policy that some of our financially very successful friends in medicine want us to live by. We should run our practices on business principles. A value should be put upon our time and service, accurate accounts should be kept, and sent, of services rendered monthly, insistence be made on payments, large credits only extended to financially reliable people, and we should do these in a kindly courteous way, but nevertheless firm in policy. All these are possible and still maintain the personal touch with people.

In what I am going to state I hope I will not be misunderstood. There is not a true physician or surgeon who is not ready at all times to render a service for only as much as an individual requiring it is able to pay, and gratis if this be the status of the patient. No man who is a real physician could be otherwise and live up to the highest spirit of his calling. Naturally we are often taken advantage of, so it is wise to have a standard of value on time, service and conditions attached thereto. But what I feel is one of the most foolish things is for one medical man to take advantage of a consultant or specialist in medicine and expect by minimizing the other person's fee to have a patient continue in gratefulness. That type of patient and first medical man commonly parts company, and no one is left particularly happy. The tradition of fees from patients who can afford them should be upheld by one medical man in another as a cardinal rule. I have seen the truism of this often enough to be sure of wisdom in what I say.

Accepting two medical men matched in abilities and appointments, what is it that makes one more successful than his brother? Naturally opinions differ as to this, and there are so many shades and conditions in life that to be deductively wise in them all is impossible. But when one has been in practice long enough to have discerned some things, one seems to see but not always to understand. With modifications and exceptions in what I shall say, the following have somewhat the weight of evidence. The man who is always available and attends to his practice is generally the one who has a practice. The one who has a kindly manner and consideration and a real (not cheap or morbid) sympathy is favored. Many men are helped in success by personal interest in the welfare of patients although some spoil this by becoming too friendly and perhaps familiar—a dangerous thing with women at all times. If one can practice medicine non-personally and dispassionately (and it can be done), the greater is his success. Few, however, seem to have the art of doing this. A pleasant voice and a good memory are assets of note. Fads are allowed, but pleasures such as cards, house-racing, etc., are stones in the way. Many of my Christian friends have large Jewish practices. Here it seems a matter of ability, being naturally human and non-biased. The physician who works for his practice from a church, creed, denomination, race, lodge, organization, gains some but never much worth the while. The public in the cities at least is indifferent whether a man is married or not, but never to his personal manner, appearance and skill. In my opinion a doctor should wear the best clothes he can afford, keep them clean and in good condition and his linen should

be faultless. When he is very successful he may wear a scarlet shirt, yellow tie, green waistcoat and pink spats, but until he is successful they are mistakes. The same may be said of flashy jewelry, diamond lapel buttons, jeweled pencils, etc.

Now that we have exposed the German and foreign student lure, we are left many that are still more difficult. Why a man that wears an artificial flower boutonnaire, or has a foreign manner or voice, or an especially fine bald head, or a manifest belief in himself that he is the only specialist in the field, or is distinguished in this or that way personally, and who is, because of it, so attractive to many people, is beyond me. This public is fickle and with some of their medical attractions Barnum was wrong—they seem to be born constantly instead of every minute. There are some men in this city whose success financially is certainly built up on their ability to charge and be paid away beyond the value of the service rendered. They are so far out of the class of real men that we simply cannot understand them at all. We read of them in *Vogue, Spur, Vanity Fair*, know that they summer in Newport, are aware of their medical or surgical abilities, know of their incomes, but all else is blank, as eventually the public also finds out to be. But while they are harvesting the yellow grain which you and I view from the roadside, their social and financial skill never ceases to attract us. The type of American that such appeals to represents the parent and daughter that seek princes and counts as a fetish. Many of such a prince soon showed that his "N" stood for nonentity in real things in life, and when this letter was taken out, only the term "price" remained, and many a count was truly an account all the way through. In the early days it was royalty that counted, in the middle ages, the church, but to-day it is industry, solidly, firmly fixed industry in all the countries, and it must have been a real shock to many such Americans when this country in industry rather than by feats of arms could and did so much better in the war than all the European countries combined. Personal attractiveness is one of the most interesting things in life, and a dignified mein and appearance, touched by the possibility of romance goes far with the oppo site sex—even in a physican. What lasts the longest however, is straight, frank, naturalness, honesty of pr pose, and a real desire and effort to do and serve.

There is no doubt that the average physician does not pay enough attention to the psychology of his office. One man fits it up conspicuously with apparatus, and while he may feel happier, I doubt the wisdom and good taste of it. Another has books, papers and what-not piled about him in stacks on his desk and wherever possible, giving the impression of accumulation without order, and anything but a sanitary appearance. In my opinion all show and display of apparatus should be avoided, and such as is required be kept under cover. The office, likewise, should be simple and free of adorning accumulations. The best example is that of a business man's office. I have been in the office of several of the most important men in the activities of the country—men of affairs so vast that one is staggered at their magnitude. Still their offices are very simple. No pictures on the wall or unnecessary things about, and the group of man himself, his desk, desk chair, and two or three more chairs, make up all that one can see. In this connection let me divert by stating that tne nearer a man makes a business of the practice of medicine or the practice of medicine a business (however you care to put it) the more it conduces to his financial success in it. The best of the public would rather have it that way, only a large number of people do not know this in advance because they have been treated to the more slipshod methods so long that they do not expect it, and it takes them some time to appreciate the difference. In my office there is a dictograph for history taking, a dictaphone to record the physical findings of examination, interior telephones, two typewriting machines and even the doors rolling back and forth to economize space. I have found them all worthy of the medical man's attention.

Where it is at all possible there should be some quick system of history taking and filing, the keeping of notes of subsequent changes, methods of economizing the physician's time and effort, and the amount of accounts should be ready to give a patient at any moment. One of the secrets of success is to get other people to do things for you and pay them well for this. It is a mistake to expect great efficiency with small salaries. The average nurse who takes a doctor's office job is generally perfect in all things but the business side. I would rather entrust this part of it to one who has had commercial training than to the best office nurse I have ever had or seen.

From experience I have learned that women help are better to employ than men. They are more conscientious, more steady, more considerate and more courteous. A mistake, however, is to have them too young in years. One of my secretaries who was young was perfect until she joined a local club in the neighborhood she lived in that ran "a show" for a benefit. As she improved as an actress she diminished in her attention to the details of her job and I had to discharge her. Another was good until a Prince Ananias came along and her mind and attention went out into romance and fancy, and she lost her job. Another developed such a discriminating judgment on men that it was hard for her to keep her eyes and attention away from some of them. I have so many men in my practice that this type of exercise made her too strong for the job and she lost it. Another sang, hummed, whistled and amused herself so much that my seriousness became inverse. Either I had to become a vaudevilleist and cast a scarlet line or—and she lost her job. A middle aged, sensible, courteous, quick, yet sympathetic type is best. An efficient nurse in the office is a good acquisition. Such women you know are trained, understand ethics, have had experience in handling people, are always anxious to do for those in physical trouble, and appreciate the importance of and are willing to keep or see that the place is kept clean and orderly. We as physicians even do not appreciate the great value to a woman that her training school experience gives to her in substantial ways.

The physican must be a close student of the best and the broadest literature is medicine, spend as much time as possible in hospitals, go about seeing the work of his colleagues and superiors in knowledge and experience, belong to the best medical organizations he can and attend to meetings, and not consider it a loss of time to go, have a hobby that relieves his mind from strain, and at all times be a "regular feller."

21 West 74th street.

"Commonwealth" Influenza Vaccine

One of the important measures employed in the control of influenza in Australia was the use of vaccine. The vaccine employed was one compounded from different strains of the several organisms associated with influenza, and for convenience termed "Commonwealth vaccine." The official report of the Australian Director of Quarantine describes its composition, preparation and method of employment. The ratio of deaths in the inoculated and uninoculated groups is given as five to 240. Some of this advantage must of course be attributed to the earlier hospitalization of the inoculated.—(*Medical Officer*, March 13, 1920.)

THE ESSENTIAL REQUIREMENTS IN THE TREATMENT OF PNEUMONIA AND ITS COMPLICATIONS.

G. H. SHERMAN, M.D.,
Detroit, Mich.

The most important proposition confronting the medical profession at the present time is the successful treatment of pneumonia. Pneumonia is still responsible for more deaths than any other disease in normal times and in case of influenza epidemics is the real cause, as a complicating factor, of the enormous mortality rate. Under the prevailing or expectant method of treatment the mortality rate runs anywhere from 10 to 40 per cent, depending on the virulence of the prevailing infecting organisms responsible for the pneumonias. Such a high mortality rate conclusively shows that the usual methods of treatment employed are radically inefficient.

Much has been done in classifying the various types of pneumococci that are responsible for pneumonia and a few years ago it was believed that types I, II and III were responsible for practically all fatal cases of pneumonia, but during the influenza epidemics of 1918 and 1920 it was found that pneumococci belonging to the conglomerate group classed as type IV were about as frequently found as the prevailing organisms in fatal cases as types I, II and III.

Most of the leading pathologists failed to recognize the streptococcus as a serious complicating infecting organism until it was shown that a hemolytic streptococcus was usually found as a pathogenic factor in fatal cases of pneumonia in the army camps during January, February and March in 1918, when the mortality rate among the recruits who contracted pneumonia was so high. The importance of the streptococcus as an active infecting agent was again demonstrated in the pneumonias that developed during the influenza epidemic in the fall of 1918 and winter of 1920. In fact the streptococcus factor of the infection was so pronounced during these epidemics that the rapidly fatal cases with lung œdema followed by cyanosis were primarily attributed to the ravages of this organism. The bacillus of Pfeiffer or so-called influenza bacillus no doubt also plays an important rôle as a complicating agent in many cases. In some cases the staphylococcus aureus has been found to be the predominating organism. In cases of broncho-pneumonia all these various organisms may be expected to be present. All these findings are a verification of our contentions, held for many years that mixed infections are the important elements that enter into the etiology of pneumonia and must be reckoned with in the application of immunologic therapy.

On the theory of absolute specificity in applied immunology much importance has been placed on the necessity of determining the type of pneumococcus which is responsible for the infection before instituting immunologic treatment. That immunities which develop from vaccine injections are specific is established, but this applies most particularly to immunizing responses from the various types in certain groups. Eberson (*Journal of Immunology*, July, 1920), shows experimentally by means of ultraviolet rays that various types of bacteria belonging to a certain biologically related group contain in their biochemical construction immunologic or antigenic properties that are interrelated. This is in accord with immunizing responses which are obtained in the application of vaccines in the treatment of pneumonia and allied infections.

The theoretical contention that vaccines are contraindicated in extensive acute infections has been mainly responsible for the vaccine treatment of pneumonia not coming into general use long before this and curious as it may seem, those who are opposed to the use of vaccines in pneumonia, have had no experience with them in the early treatment of the disease. In order to clear up the fallaciousness of this theoretic opposition to the use of vaccines in the treatment of pneumonia, it will be necessary to elucidate some of the fundamental activities of the immunizing faculty.

When infecting organisms gain entrance to the tissues or fluids of the living body they maintain themselves by the ferments which they secrete by means of which they prepare the food on which they live, grow and multiply. In pneumonia, for example, the pneumococcus gains entrance to the blood stream from a primary localized infection of some portion of the respiratory tract. From these primary localized surface infections pneumococci, by a process of growth, work their way through the walls of the small blood vessels and are then carried away by the blood current. If normal immunizing substances are present in sufficient proportion in the blood to retard the virulence of the pneumococcus sufficiently so the white blood corpuscles can attack and destroy the pneumococci after they enter the blood no infection of the circulatory system will develop. If, on the other hand, the pneumococcus possesses sufficient virulence, if it has surrounded itself with the ferment which it employs to digest the food on which it lives, in sufficient quantity and effectiveness to protect itself from attack by the leucocytes, the pneumococci will continue to grow and multiply in the blood until protective ferments or antibodies have been produced in sufficient quantity to cause their destruction. Wright calls pneumococci, streptococci and staphylococci serophitis because they are capable of growing in the blood serums of the circulating blood. After the pneumococci have continued to grow in the blood for probably several days, at about the time the infection begins to localize in the lung, the patient usually has a chill followed by fever and other symptoms which mark the beginning of an active lobar pneumonia.

If the patient progresses favorably in the natural run of the disease, the pneumococci will disappear from the blood within a few days after lung consolidation has taken place. This would show that germ destroying protective substances have evolved sufficiently to destroy the germs in the blood and that in time the pneumococci involving the lung will also be eliminated. Protective, germ destroying ferments or antibodies are produced by the involved tissues during the infective process. During an infection, however, the central portion of the infected area is often so devitalized by the virulence of the infecting organisms that destructive processes with pus formation develop and if these tissues survive it is because the tissues surrounding the central portion of the infected area; tissues that have come under the influence of the infection with less intensity, produce immunizing substances in sufficient quantity to eliminate the virulence of the infection and prevent destructive processes. So in cases of pneumonia where the pneumococcus is elimnated from the blood within a few days after lung consolidation has developed, and since pneumococci meantime are found in great numbers in the deeper portions of the involved portions of the solidified lung tissue which is sparingly supplied with blood, the antibodies which were responsible for eliminating the pneumococci from the blood were produced by the involved lung tissues surrounding the consolidated portions of the lung. If on the other hand the pneumococci do not disappear from the blood after consolidation has taken place it indicates an unfavorable prognosis. In other words, adequate antibody formation is not taking place.

Now let us visualize the situation from an immunologic standpoint. From the time the pneumococcus establishes itself in the blood it makes unhindered progress until lung involvement takes place. Then, if later on certain portions of the lung are favorably influenced by the infecting organisms enough antibodies will eventually be evolved to overcome the infection; if not, the patient will die. The theoretic objectors to the use of vaccines in such acute infections contend that the patient already has an overdose of antigen in the form of a live infecting organism, then why inject killed organisms in the form of a vaccine. Dorland in his medical dictionary defines an antigen as "A substance that causes the formation of antibodies; a substance which has the power of inducing in the animal organism, under suitable conditions, the formation of antibodies." Evidently a pneumococcus which continues to grow and multiply until it destroys the life of the patient does not perform the function of an antigen. And even if the organism develops properties during the course of the infection which will cause the formation of antibodies, these properties certainly do not make their appearance until the infection has caused considerable damage. Evidently then, the all-important requirement is to supply the patient with a real antigen at the earliest possible moment so rapid antibody formation will take place and the infecting organisms become eliminated before destructive processes have time to develop. There is absolutely nothing pertaining to our immunologic knowledge that can in the least conflict with this fundamental principle. That killed organisms when injected into healthy tissues possess marked antigenic influences is so well established that further comment is unnecessary and that such immunizing responses develop from killed organisms or vaccines during the course of an acute infection is a matter of clinical experience. This is readily explained. Live virulent organisms as long as they exert destructive influences on the tissues with which they come in contact can certainly not induce these tissues to produce antibodies, because the excessive toxic influence of the germ secreted ferments cripple these tissue cells in their defensive capacity. But when killed organisms are injected into healthy tissues, these tissues get busy to dispose of them and since the killed germs cannot produce toxic ferments to cripple the cells with which they come in contact, the entire cell energy can be devoted to the production of immunizing substances making the killed organisms or vaccines dependable antigens.

An objection to the use of vaccines in the treatment of such acute infections is based on the assumption that, since by this method the injected tissues must produce the antibodies before therapeutic results can be expected, the process is too prolonged to be of practical value. From clinical results regularly obtained we know that this assumption does not hold good. Naturally the best results are obtained when the vaccine is applied early in the course of the disease. No one could expect prompt immunizing action from any antigen after the entire body has been saturated with germ produced toxins of comparatively long standing. We find that if a vaccine containing the various organisms usually found in respiratory infections or at least the various types of the pneumococcus, streptococcus and staphylococcus, is given within four or five hours after the initial chill, immunizing responses sufficient to cause a reduction of temperature to normal or near normal with corresponding other improved conditions will be found within eighteen to twenty-four hours and if the vaccine inoculation is repeated at daily or twice daily intervals in severe cases, recovery may confidently be expected with very few exceptions, within three to five days. In fact, if the vaccine is given early as suggested, typical lung consolidation seldom takes place. Such results certainly offer a conclusive demonstration that these vaccines possess antigenic properties which produce antibodies promptly.

The theoretic contention has been that if vaccines are employed at all in acute infections on account of the toxic conditions, treatment should be started with a small dose, but we find the reverse to be true. Acute conditions like pneumonia require large doses and short intervals and the more toxic the case the shorter the interval between innoculation. The usual initial adult dose of vaccines in extensive acute infections is 1.0 mil or 15 minims, repeated at daily intervals and in extremely toxic cases twice daily during the extreme toxic condition, after that at two or three day intervals until recovery is complete.

This repeating of the inoculations at sufficiently short intervals is just as important as the early application of the vaccine. This antibody production by means of vaccine injections is essentially a quantitative process. During the life process of the infecting organism it produces ferments with which it defends itself by digesting the food it extracts from the available tissues. Some of these germ produced ferments become absorbed throughout the body. These tissue produced protective ferments or antibodies which develop from the vaccine injections combine with the ferments surrounding the infecting organisms and by this means rob them of their virulent properties so phagocytes dare to attack and destroy them. Some of these antibodies no doubt also combine with germ produced toxic ferments, which are present throughout the body and thus relieve the general toxic factor of the infection. But all this requires a quantitative proportion of tissue produced antibodies. If these tissue produced antibodies are all consumed before all the infecting organisms are eliminated they may again begin to multiply and experience shows that that is just what happens; relapses take place, again followed by improvement after vaccines are again administered, but unfortunately this faculty to respond is sometimes lost if the relapse should take on serious proportions. For this reason, to be on the safe side, it is necessary to continue the inoculations at short intervals until the infection is brought thoroughly under control.

If the vaccine treatment is started after lung consolidation has taken place, the results are not so spectacular. While occasionally we precipitate a crisis by givng the vaccine, usually recovery takes place by lysis. While the results from the use of vaccine are not uniformily good when used late in cases of pneumonia, yet some apparently hopeless cases have shown distinct improvement within 24 hours after giving the vaccines with ultimate recovery. In this class of cases there is great advantage in giving the vaccines in divided doses, 1.0 mil being given in three or four different parts of the body. In this class of cases the free use of oxygen to prolong the patient's life until antibodies have time to develop, is of decided advantage.

What holds good with the use of vaccines in the treatment of lobar pneumonia also applies in broncho pneumonia and the pneumonias following epidemic influenza. In all these cases vaccine treatment should be instituted at the earliest possible opportunity. Where the diagnosis is obscure the patient should be given the benefit of the doubt just the same as diphtheria antitoxin is given in suspected cases of diphtheria.

Much has been accomplished toward preventing pneumonia by prophylactic immunization. This is best done by injecting three or four doses of a mixed polyvalent vaccine. This procedure is particularly applicable in large industrial plants especially to prevent pneumonia during the prevalence of influenza. Sherman's No. 38 is

admirably adapted for this purpose. This vaccine was employed for this purpose in many thousands of cases during the epidemics of 1918 and 1920, resulting in a mortality rate of but one in two thousand. To employ prophylactic immunization against pneumonia as a routine proposition during normal times does not appeal to the general public. Most people disregard the possibility of contracting a disease like pneumonia and consequently don't see the importance of procuring protection through prophylactic immunization. There is another condition, however, where prophylaxis against pneumonia can be universally applied without the least objection and that constitutes the treatment of the minor respiratory infections called colds with vaccines. These colds are very amenable to vaccine treatment. Usually the acute symptoms subside within 24 hours after the first inoculation and by repeating inoculations at two to three day intervals of three or four injections, the cold is entirely eliminated and the many sequela, such as pneumonia, broncho-pneumonia, mastoiditis, endocarditis, cholesystitis, nephritis, etc., will be avoided. In the treatment of colds vaccines should be employed. Treatment is usually started with 0.2 mil and the dose gradually increased to 1.0 mil and the rate of increase will depend on the amount of reaction that develops after each inoculation. The dose should be so gauged that marked reactions are avoided. Inoculations are usually made at two to four day intervals.

575 Ashland Avenue.

THE TRAUMATIC NEUROSES.*

Being a Brief Discussion of the Traumatic Neuroses, Their Medical Status, Their Legal Status, With Certain Recommendations.

DAVID EDWARD HOAG, M.D.,

ATTENDING NEUROLOGIST, NEW YORK POST GRADUATE MEDICAL SCHOOL AND HOSPITAL; CONSULTING NEUROLOGIST, WEST SIDE HOSPITAL; ADJUNCT VISITING NEUROLOGIST, CITY HOSPITAL; LECTURER ON MENTAL AND NERVOUS DISEASES, UNIVERSITY AND BELLEVUE HOSPITAL MEDICAL COLLEGE,

New York

Introduction.

My object in bringing before this Society a subject hoary with age and well worn in spot is that I have felt that the membership of this body, made up as it is of members of both the medical and legal professions, might be desirous of getting a clearer idea of what each other mean when they speak of a traumatic neurosis. Is what we term a traumatic neurosis a sufficient disease entity to attach to it the dignity of a controversy in the courts, or are the great majority of such types of cases merely an excuse for litigation, a sham and a pretense, purely a litigation neurosis, so-called by Oppenheim?

Personally, in many of the cases I have observed, I have been inclined to the latter belief, but I have been told by those physicians who represent large corporations and who would in consequence be on the outlook for points of value to the defense and who would naturally be biased toward this belief, that if a so-called traumatic neurosis is strongly presented to the jury by the unshaken testimony of medical experts as to the permanent damage to the individual, as large damages may be gotten as in those cases where the symptoms are more objective in character. There are many physicians, and perhaps as many if not more lawyers, who will refuse to be associated with a case where the only findings belong to the syndrome of the traumatic neurosis with its preponderance of subjective symptoms and its lack of objective symptoms. There is no other class of medical work in which there is so much tendency on the part of the doctor to conceal the fact that he is inclined to go to court or that he is ever willing to appear as expert. This should not be true if, as a part of our citizenship, we desire to promote the furtherance of justice. Many lawyers of my acquaintance feel the same way. They do not desire wide publicity of the fact that they may even but occasionally engage in trying so-called negligence cases. Let us see if we can discover the "nigger in the wood pile."

The study of functional troubles following injury has become a marked and important one. The medical mind had become speculative after the publication of Erichson's first book in 1866 upon the effect of railway and other injuries upon the nervous system. His teachings are now discredited in general by the profession, due much perhaps to the battle waged against him by Page of London in 1885. There seems to be yet, however, even at this late day, judging from their court testimony, physicians who are still credulous of the views of Erichson. Away back in 1889, it was Oppenheim who first used the term traumatic neurosis, which term is presumed to embrace all of the psycho-neurotic syndromes which follow shock or accident. One may include neurasthenia, hysteria and hypochondriasis under this heading. It was also Oppenheim, I believe, who asserted with good reasoning that these terms referred to a specific disease with molecular physical changes in the brain. This has not been generally accepted and but few are in harmony with this point of view. At late as 1915, however, he re-affirmed his views that after trauma there is a definite reaction on physiological functioning, which may be either physical or mechanical—either of which may have the same effect on the nervous system. This may occur without hemorrhage, inflammation or degeneration, being merely a displacement of molecules, a tearing apart of associated functioning parts like the removal of a link in a chain. He states that although this condition is not microscopically demonstrable and does not represent definite alteration of tissue, nevertheless in every case it produces a condition of inhibitions to motor impulses. These observations, resulting largely from experiences with the war neuroses, represent a brilliant though not of necessity a convincing attempt on the part of Oppenheim to isolate a syndrome peculiar to the traumatic neurosis.

Wilson, an aurist of England, ventures on a hypothesis which presents the same line of reasoning. He believes that the symptom picture following physical trauma to the head, including deafness, unsteady equilibrium, with vertigo and a narrowing of the field of vision, is explained that as a result of trauma to the head there is structural discontinuity of the nerves at the synapses; that there is a spread of nerve impulses into adjacent pathways; and that in the case of the function of hearing, the auditory impulse no longer reaching its goal, deafness results. Such a dissolution may occur at any or all synapses. His method of reasoning although conjectural, may be applied to many of the other symptoms of the traumatic neuroses, such as functional loss of vision, functional paralysis, etc.

Mayer, of Pittsburgh, explains the psychoneuroses, starting with the assumption that an acute stoppage of cerebral activity may result after trauma which need not be structural in origin, but is of such a degree that the individual cannot readjust himself to it. This disordered situation brings emotional reactions and its motor responses. If the brain adjusts itself, the emotions subside gradually; if not, the attempt to do so increases the emotional reaction; the body vainly tries to secure an adjustment, the glandular secretory organs work overtime. From this over-stimulation, serious damage may result. An ideogenous factor now stepping into play

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establishes a vicious circle. According to Sherrington, such a draining of energy is probably similar in result to the over-activity of cells which in diaschisis produces a physiologic stoppage of function. This is transient if the cells can replace energic substances; permanent, if they become damaged, or if the synaptic connections cannot become re-established.

One may go on through the literature *ad libitum* and find various converging and again diverging opinions as to the status of the traumatic neuroses. The question is asked, very properly too, as to how much is due to accident and how much due to predisposition. One of the peculiarities in the production of the traumatic psychoneuroses is that when financial rewards are promising, cases are frequent.

Naegli, a Swiss writer, states that 93 per cent. of such cases return to work after their claim is adjusted. Sachs favors no compensation, and considers that there would be no bad prognoses were no claim attached to the alleged disability. . Zingerle and Bianchi, after the Messina earthquake, examined 500 cases and found not a single traumatic neurosis. Dercum considers that only hysteria, an innate state, is embraced under traumatic neurosis that the symptoms owe their origin to suggestion; and that trauma unconnected with fright plays no rôle. It seems needless to call attention to the fact that were pension and compensation not involved physicians would not bother to comment on the traumatic origin of a neurosis. It is only guesswork to assume that a previous neuropathy exists in these cases. There be those that argue that the same functional symptoms develop in persons who do not have accidents that involve compensation and that some individuals who after accident develop a traumatic neurosis never desire and even refuse compensation. The writer believes that these are isolated cases and that they do not conform to type.

Pearce Bailey, in his recent classic monograph on the War Neuroses, implicates motive as an outstanding cause of neurosis, as well as an incentive to cure. In the first case a neurosis develops, as it were, automatically,—the soldier believing that due to this he may receive his discharge. On the other hand, the experience has been that if it is made to appear that he will not be discharged while suffering from a neurosis, a long step at least has been made towards recovery. It is believed that the great success of the French Army with their cases of neuroses is due to the fact that the neuroses are not pensionable and that no soldiers are discharged for such cause.

Osnato, in the *Neurological Bulletin,* shows a preponderance of cases existing in married men, explained by the fact that they being confronted by a period of long disability are much more apt to react to the functional neuroses. The vast majority of his cases consisted of individuals who had suffered trauma to the head. Fear of returning to the same occupation was a prominent factor in the group of cases observed by Osnato, and in the higher intellectual states the fear emotion was correspondingly less manifest. Osnato's further observation of his group of cases, after the end of litigation, confirms the well-founded belief that the majority of cases entirely recover. He differentiates the neuroses from a true hysteria,—the latter being found lower in the intellectual scale,—and considers that the sex element plays a conspicuous part. One was constantly impressed by their insincerities and misrepresentations. The latter type are prone to seize upon accident as a means to explain away their difficulties, sexual or otherwise. They become motivated, in other words, to search for something or somebody to blame, and in that way spare their self-regard.

The tremendous industrial and transportation enterprises of the present day will give rise to an ever-increasing number of these cases demanding proper understanding and classification, whether the alleged injury is psychical or physical is for us to determine,—and shall we also search for motive? Our professional relations become of great importance where litigation is entered upon for the sake of securing indemnity. Indemnity sought for material injury such as loss of eye or arm, or leg, broken skull or spinal column, with definite objective symptoms, is legitimate, but one must stand appalled today at the wholesale litigation based upon alleged or actual injury, where the physical evidence is slight or absent, yet where serious and permanent damage to the mind, health and body are claimed. Railroads and corporations pay large sums annually to complainants of this class. This very situation places upon the medical profession a tremendouse responsibility, whether serving as physician to claimant or as expert, so-called, in court where the justice and extent of his claim is to be determined.

Just a word as to the reason why I have laid stress on the so-called expert testimony. No one knows better than you and I that there are doctors who, unconsciously and unintentionally perhaps, testify falsely on the stand, merely being honestly mistaken. Others testify falsely with the intent to do so. This latter type merely regard corporations and wealthy individuals as their legitimate prey, and are willing to barter their medical birthright for the proverbial mess of pottage. I need not remind you that this is aoccasionally done by men rated high professionally, hiding behind the camouflage of membership in State, National and County Societies or connected with reputable institutions. A lawyer of wide practice, speaking of an individual of this types, said: "We do not always want the truth; that man is the most plausible prevaritator that can be found." It is certainly a most regrettable fact that there are medical witnesses who will unblushingly swear to the permanency of a traumatic neurosis, while distinguished counsel will harangue a jury on the same premises, neither of them in their hearts believing it to be true. Juries become bewildered after listening to evidence in which truth is stretched to the breaking point. There seems to be no lack of unscrupulous doctorse and lawyers who sesmingly have no conscience when it comes to fleecing a corporation out of huge sums of money. Is this any the less reprehensible because a corporation is said to have no soul?

This brings me to a point which is a story in itself, if properly gone into,—and that is the proper bringing out of expert testimony. From the physician's point of view it is largely a matter of experience,—either of not knowing his rights in court; or, knowing them, being too perturbed to assert them,—a lack of understanding between themselves and counsel with whom they are associated, which might have been obviated by repeated conferences with counsel,—which I understand is rulable to a certain extent. The lawyer must needs use the doctor as the artisan uses a tool to accomplish what he desires, that is, the paramount object being to win his case. The disdainful belittling attitude that some lawyers assume toward the doctor on the witness stand results often in a mutual dislike toward each other afterward, which is prejudicial to subsequent cases in which the two professions may come in contact. It is this lack of a spirit of camaraderie between the lawyer and the doctor, the unbridled license, the third degree tactics, that lawyers use to bulldoze the doctor unused to court procedure, that detracts very much from the dignity of expert testimony.

I trust you will pardon this digression from the topic, these being my personal observations when acting as aassociate medical counsel, for I rarely, if ever, take the witness stand.

The widespread impression that the spine and spinal cord are liable before all other parts—to meet injury in cases of accident accounts in large measure for the multiplicity of these cases in our courts to-day. The lawyers believe it, the laity believe it, and unfortunately many doctors believe it. Defective intelligence and hearing are attributed to brain and cord injury from an accident. Paræsthesias and disturbances of locomotion due to alcoholism or morphinism are attributed to a nervous shock from an electric wire. Countless accidents occur in private life,—such as in runaways, football, automobile accidents, and falls from a great distance which give rise to broken bones and serious lacerations of tissue,—yet because of the absence of liability on the part of others, either individuals or corporations, it is rare indeed, though physical pain may persist for years, to find the development of a neurosis,—that is the subjective symptoms of accident which are hereby being discussed.

The real cause of so-called traumatic neuroses does not depend so much upon extent of injury or violence as upon its subjunctive reflection upon the mind of the person injured. There are several factors in this development,—an inherent predisposition easily magnified into motive for which the individual may have been groping for years. Our asylums and even our jails contain many such, who have contrived a means to shirk the responsibility of self-support or family support, or to present to the world and easily deluded friends and relatives an apparently legitimate excuse for lack of success in life. Even a plausible motive is sometimes sought for sterility and childishiness. Such individuals are prone to seize upon grief, disappointment in love, or any other untoward happening that may mask their real inmost,—should I say criminal,—instinct to evade entirely further responsibilities. Such voluntary, wilful dependents are to be found in many familes,—our best families, too. This type of individual forms a large percentage of the protegés of wealthy corporations and of the many Government services who design to accept the charity of an indulgent employer. This natural mental inferiority is played upon by designing lawyers and doctors. Such cases might be multiplied indefinitely. The alleged neurosis from which a person may show symptoms after the evidence of primary shock is largely a product of subsequent environment. A motive is born to make attempt to seek monetary reimbursement, or at least what is known as a soft berth in the days following the pain and inconvenience of accident. If the individual had fallen or otherwise injured himself in his own home, with no one but himself responsible, no neurosis would have developed.

I have seen numerous cases within the last few years verifying this point of view,—one a case of suspiciously dishonest litigation in which experts on both sides practically agreed on the stand that complainant's alleged injuries were recoverable from in time; still a benevolent and paternalistic jury rendered a substantial verdict, thus adding another case as an example to a designing individual,—particularly if he is successful in enlisting the services of unscrupulous attorneys and physicians.

Some of my legal friends say to me that "all should be grist that comes to the mill," but a Presbyterian conscience, it may be, prevents many of us from seeing it in that light. A man came to me recently stating that two years before he had had an accident while in the service of a wealthy corporation for which he had never even consulted a physician. He had brooded over this, however, until the strenuous H. C. of L. had prompted him, urged on by friends, to seek damages. Upon examination, a pure case of simulation was discovered. His case was dismissed, as I did not feel that this was appropriate grist for my mill. I may add,—whether or not my audience may regard it as commendable,—that I was sufficiently antagonistic to communicate with the concern against which this individual had a grievance, giving them warning of what was in the air. Another case to which I will refer briefly: An individual employed as a dancer in one of our largest amusement enterprises claimed to have received an injury at the place where employed, notably a wealthy corporation. Strange as it may seem to the uninitiated, but running true to form in the experience of those familiar with this type of case, the young lady did not seek medical advice from any so-called ordinary physician, but headed directly for one of those individuals whose practice is largely if not exclusively in the courts and who appears frequently in the limelight with name and address never omitted from the public print.

My purpose in discussing the traumatic neuroses was two-fold. It was to approach the subject from two viewpoints,—the legal as well as the medical. In fact the choice of title, although it may have been misleading, had that object in view. To have limited the title to the medical status of the traumatic neuroses or on the other hand to their legal aspect, might have been more definite but it would have seemed circumscribed and would have limited discussion to either one phase or the other.

Furthermore, I am approaching the subject as one who has but scant knowledge indeed of its legal side, which is exactly the position in which the average practitioner finds himself when confronted with the prospect of testifying in court,—by this I mean the status the traumatic neurosis may have in the legal mind as a plea in court. Therefore I have encountered obstacles in the way of defining the legal status which will curtail my dissertation on that phase of the subject. One of my lawyer friends said to me recently: "There is no legal status to the traumatic neurosis. Whatever standing it may have in court is due to the doctor's testimony, which is the tool, as it were, that the lawyer has to work with." However, from conversation with other distinguished members of the bar and from glimpses into the literature, it is conceivable to deduce the following: as a fair conception of the prevailing legal opinion.

We believe that there is no sharply defined type of disease which can be properly termed "traumatic" and that the purely psychic conditions produced by traumatism are separate from those produced by a physical condition. Many corporations recognize the scientific opinion of honest men, and prefer to use compromise as an economic factor in dealing particularly with cases of traumatic neurosis. They believe that mental tension, vexatious delays, and deferred hopes engender an unfortunate psychic condition. An examination of court records will disclose many cases of injustice in the findings against corporations. Justice seems lost and medical experts, both for plaintiff and defendant, losing the real and true intent of experts, become partisans to the case. Farces are enacted daily in our courts of justice. Ignorance and injustice masquerade as science. Decided opinions are given after a single examination of claimant. The law demands that only "usual, natural effects" be considered and that speculative effects must be ignored. The law likewise requires that the recovery of damages be commensurate with the injury sustained. The law, however, in its endeavor to be broad and liberal often becomes inefficient and unjust. In the selection of experts, medical knowledge and education are not the

criteria but length of time spent in practice. A man may be a quack of the worst order and still be a legalized practitioner of medicine. Loose methods being employed, the courts of law, the legal profession, and the laity from which juries are gathered are already strongly impressed with the unreliability of the so-called "expert" testimony. The concensus of opinion among lawyers seems to be that the very long, tiresome examinations to which the expert may subject the patient, meritorious as it may be from the standpoint of science, may only intensify symptoms and that it may form nutriment to suggestion. They also believe that multiform examinations by many specialists rather cloud than clear the case under consideration.

Recommendations.

In the recommendations herewith outlined, the writer claims only scant originality. They have been reached only after repeated conferences with lawyers, doctors, representatives of railways and other large corporations,—in short, men of large affairs. They are as follows:

1. That there be created by legislative act certain medical advisory boards or commissions corresponding in number to the congressional districts or to the judicial districts of the state, their jurisdiction be limited to said district;—each of said commissions to consist of five, seven, or more physicians,—at least a sufficient number to embrace the more important specialties in medicine; said commission to be appointed by the Governor of the State for a prescribed term; the commission to sit three or four times a year as may be provided, and to be compensated by fee for the work accomplished.

2. That there be created by legislative act a law providing that all persons alleging injury from accident, excepting those persons coming under the head of the present compensation law, be required to present their case before said board and that the board designate one or more of their number to examine plaintiff and report the findings. Upon these findings the board shall recommend a fair basis of settlement; said findings and recommendations to be freely accessible to claimant, his legal and medical counsel, and also to be accessible to both legal and medical counsel of adversary.

3. The recommendations of said board to be based upon age, previous earning capacity, natural expectation of life, number of those dependent upon him, his general character and thrift, etc., etc.

4. There shall be nothing in the preceding act that shall prohibit or deny claimant the right under the law to proceed to prosecute his alleged claim in court, but should this be done the findings and recommendations of the said medical advisory board are to be freely accessible and common property of both parties to the action, their legal and medical counsel. A copy shall be submitted to the presiding justice, who may in turn submit said copy to the jury after they have listened to the evidence in the case.

You will readily see that the object of these rather crude recommendations is to provide a sort of unbiased tribunal, as it were, where the very poor but disposedly fair claimant and the rich and presumedly fair defendant may meet on a level with the customary barriers thrown down and will be met in an advisory capacity only. It is thought by some that instead of a commission created by legislative act and appointed by the Governor of the state, it might serve every purpose and be less complicated, if it were made legal that a claimant or a defendant could by request through either his medical or legal counsel, have an advisory board created for his particular case by judicial appointment.

This whole proceeding may in the minds of some of my learned audience be illogical, illegal, irrelevant and, may I not say, irreverent; but even if the bare nucleus of a movement in the right direction be nereby accomplished, it will be ample reward.

In conclusion, permit me to say that it is not only my belief but the belief of others that in addition to the streotyped form of traumatic neuroses, so called, there is a kind,—born and nurtured in the days following accident, engendered by pique, spite, anger, or revenge,—led on by the golden dreams of avarice and a liberal jury verdict;—an amount often out of all proportion to the thrift and earning capacity, as shown by the previous mode of life. The physician and the claimant's legal advisor often become unconsciously and unwittingly,—never premeditatedly, I am sure,—accomplices to this end. Many of the populace seem to regard corporations as their natural prey, and have no scruples about mulcting said corporations out of huge sums.

Many times the claimant for damages is one who throughout life has borne an unblemished reputation for rigid honesty, generosity, wholesome ideals, nobleness of character and purpose. He has never cheated a neighbor, a friend or a business associate out of the value of anything knowingly or intentionally. This selfsame person may become overnight a cold, calculating, relentless enemy against the moneyed interests, private or corporate, if he but feel the nucleus of a strangle-hold upon his victim whereby he may exact his pound of flesh. This discovered psychology finds its parallel,—or did find it not so long ago,—in the wildly enthusiastic pacifist who became suddenly transformed into a profiteer when visions of untold wealth never before dreamed of seemed obtainable at the expense of fighting nations.

What can we do as lawyers and physicians to mitigate the evil arising from an insatiable and dishonest greed to fleece the corporations, and thus help rid our courts of corrupt attempts to make a catspaw out of justice? Many is the juryman who has come away from court, after fulfilling his duty as a citizen, with shattered ideals of the dignity of the law. He has been told by the learned judge that he must ignore his own opinion and be governed strictly by the testimony as given, without interpretation, knowing full well that much of the testimony if not perjury was near-perjury.

I am not venturing on any insecure hypothesis as to the causes of these apparent states of mind as related,—but am relating them only as I have observed them, with the hope of finding the interpretation elsewhere. The vagaries of the human mind form an intensely interesting and fascinating study. It is the province of the physician to seek a physical cause for mental ills, but we should in no case neglect the moral side and be on the alert for motive, for we are in a sense the moral as well as the physical guardians of the people.

15 East 48th Street.

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Discussion

Dr. Edward D. Fisher: When we speak of neurosis we are not speaking of an actual destructive lesion in any organ, but at the same time we are dealing with a condition that prevents functioning of the nervous system. Those persons can no longer carry on their physical or mental acts. They are no longer capable of thinking with due concentration. They are no longer capable of carrying on their work without such excessive fatigue that the work becomes imperfect. Those are the symptoms whether we recognize them or not, and whether the inefficiency or excessive pain that is present comes honestly or whether there is motive back that interferes we may never be able to find out, but the condition is positive.

Those symptoms may be all subjective, and those subjective symptoms must be accepted absolutely where proof is brought forward that there is no motive for the person to have inability to carry on his work or to have these uncomfortable symptoms. This evidence of subjective symptoms should be as clearly accepted as though the individual had a broken leg. Traumatic neuroses are not very different from those of any other cause outside of injury. There is one peculiar thing. A man may have a depression of the skull or a fracture of the spine, and perhaps partly recover. In such cases very rarely do we get a neurosis. This class of symptoms of inefficiency and neurasthenia do not occur in those cases, yet without positive proof how can we prove by any method of examination, by the *x*-ray, the blood tests, or any physical methods of the neurologists for making out changes in the reflexes, that these symptoms are not subjective. We do not get this condition of neurasthenia following serious injuries. Neurosis is really an entity, and we must not think that there is always a fraudulent side to it. I have seen many cases in which there was no question of the amount of damages because the people were wealthy.

I know, as Dr. Hoag brought out in his paper, that Dr. Dercum puts it all down to hysteria. I have seen many cases where the individual received large compensation and did not recover afterward but died, and yet no organic changes could be found. I agree with the reader of the paper that this is a field where fraud can come in more easily than in any other field of litigation we have. This is because the symptoms are subjective and not objective, and this gives the opportunity for legal and medical men to work together to recover damages, especially where a corporation is concerned, because a corporation is always regarded as legitimate prey to extract money from. However, it is time that we recognized that there is such a thing as an impaired nervous system caused by trauma or shock. I have seen these cases go on for years. There would at first be simply some psychical influence that at first made them feel that they were martyrs. Finally they came to play the rôle of a martyr. Then a pure selfishness came in and they became confirmed neurotics.

It occurs to me that these cases are no different from the soldiers suffering from shell shock. If a man is inclined that way and has a predisposition with an element of hysteria and there comes a shock he develops this condition. An interesting little fact was brought out by one of the examiners of the English prisoners of war in Germany. These prisoners were not treated very kindly. They were told to work or they would get no food at all. There was very little so-called shell shock among those men. But, on the other hand, the soldiers who were not prisoners, but were sent home and were under the benign influence of visitors, nurses and social workers, and who were given a great deal of sympathy, developed a greater number of cases of shell shock, and they were not simulating. The ones who received the worst treatment did not develop as many cases of shell shock as those who were more or less coddled. And that is said without anything against the soldier who was shell shocked, and, as you know, many were shell shocked that never saw the front line. So I think we can draw a great deal that is useful and that will make us possibly more careful in our examination of these patients, but I hope also that it will make us a little more lenient so that we shall not take for granted that these patients are simply simulating or are simply hysterical.

Dr. Michael Osnato: I think the very simple proposition, that the American people have grown to the idea that an accident means litigation is true and one's motives need not necessarily be impugned because he demands compensation for injuries received. A case may be in other respects entirely worthy; a man may never have taken anything that was not rightfully his, may never have injured his neighbor in any way, but there is obviously in the mind of the patient something dealing with pending litigation. We feel that every time an accident occurs one is prone instinctively almost to think of litigation. So if we find a patient suffering from a form of the so-called neuroses who has had an accident, his or her motives ought not immediately to become the object of grave suspicion.

As illustrating this attitude of mind I may cite an instance. Major Cassamajor recounts a story concerning Major Hamilton, who, while in the army, was given a little Ford to make his rounds of the hospitals to examine the cases of shell shock that were being treated. Soon after getting the car, while crossing a railroad, the machine was jammed by a large gun against the engine. He got up with his little note book in hand and began to request the "names of all concerned," paying no attention to his own recent peril. So the mere fact that patients talk about litigation and seek almost unconsciously for a reward should not be too great a factor in allowing one's judgment to wander from the actual consideration of the case itself.

We have the terms which symbolize certain conceptions of shell shock, traumatic neurosis, anxiety neuroses, hysteria or neurasthenia, but medical science has no exact knowledge concerning any of these conditions, so no definite statement can be made about them. If we had had a discussion on pneumonia, I have no hesitation in saying it would not have drawn a corporal's guard to this meeting. That is because we know a great deal about pneumonia. We recognize it by its physical signs, and it is possible to get several physicians in one room and have a total agreement in a discussion of the subject of pneumonia. But in conditions about which we have no exact knowledge, such as the neuroses, there is a great deal of discussion, and not always to good purpose.

The neuroses have engaged my attention simply because for a number of years Dr. Dana and myself have been unofficial consultants in a great many industrial accidents where there was a question of diagnosis and the relation of a given condition to the accident. Some time ago I wrote an analysis of 200 cases of this kind and I found that they divided themselves into two groups. In the one group the patients were quite obviously real sufferers; one felt that they were sick, depressed, anxious. They were restless and fearful and they looked sick. In an analysis of these cases we found that we did not encounter the stigmata of hysteria. In the second group were those with the stigmata of hysteria. The signs of hysteria are anesthesias, disturbances of vision and hearing, somnolence, amnesia, stammering, etc. This group of the traumatic neuroses did not differ in any degree from those cases of so-called shell shock which we saw overseas. Traumatic hysteria does not differ from shell shock. We had cases of this kind in the hospitals here among those who never went overseas. The term traumatic is only a label which indicates that in a hysterical individual trauma has entered in to complicate other considerations. That it does enter into and modify other factors there is no doubt, but that these factors are anatomical is doubtful. It is claimed by some that there is a "physical injury without a visible injury," and so they call these conditions "traumatic" neuroses. There is a theory to account for them on the basis of a lack of contact of the synopsis and a change in the elements of the nerve cells. This is not accurate pathology, but that there is a minute pathology which we do not recognize is undoubtedly true. The truth is we do not know what lies behind these conditions. We do know that the emotions play a tremendous part, an all compelling part in all these cases, whether we call the condition neurosis, neurasthenia or hysteria. We know that there are instinctive reactions caused by the emotions of every-day life.

We all know what fear can do to the individual. We have analyzed 200 cases of injury. In the vast majority the injury was due to direct trauma. Many had fallen twenty to thirty feet or more. More than one-half of these were unconscious for periods varying from one minute to one-half hour, and in these the symptoms came on immediately. In the cases of traumatic hysteria, the injuries were trivial, and the actual disabling symptoms did not come on until more than a week later. It made no difference whether the injury was due to a fall or whether the individual had been struck. Some of the soldier cases which I saw overseas were subjected to commotion while others had no real shock and never were at the front, but they develop an anxiety neurosis and give similar symptoms to those who have been exposed to real commotion, so it is not trauma that is the underlying factor. The disturbance of the emotions probably works through the glands of internal secretion. In some of these cases quite active symptoms of hyperthyroidism have been observed, and some have shown hyperadrenalism. These are the two glands whose physiological functions are quite well understood. Crile, in experimenting with adrenal and thyroid, found that these substances produced certain changes in the brain, liver, spleen and blood vessels, caused the mobilization of sugar, and also a characteristic appearance of certain brain cells.

Crile reports one soldier who died following powerful emotional shock and exhaustion, and at autopsy he presented this same group of anatomical changes. Cannon and Crile have shown what emotional shock can do, and in this one case coming to autopsy Crile gained an insight into what emotion ac-

tually did to tissues through the thyroid and adrenal glands. This knowledge is still in an infantile and embryonic state, but we do know that fear, anxiety, and worry affect certain glands and produce certain symptoms due to hypersecretion. It is quite probable that something takes place in man such as these investigators found in animals, but we have as yet no exact knowledge as to what these changes really are. In those suffering from traumatic hysteria, Janet and Bahuski and Freud have shown that hysteria is not a group of symptoms, but it is a matter of character and the personality. It is a condition predicated on the basis of an inferior structure primarily and on faulty habits and character. An individual with that type of make-up—fearful, apprehensive, evasive, with defective judgment, his emotions always determining his actions—that type of individual meets with trauma or anything unusual and there we have a hysterical reaction. It is hysteria, but hysteria is not a group of symptoms. If such an individual gets a scratch on his head or falls ten feet, if he gets a fracture or some one says an unkind word, if he loses $10,000 or ten cents, if his sweetheart goes back on him, or no matter what happens out of the usual course of events, he gets a hysterical reaction. It is not the provocative factor that is responsible, but the individual's make-up. A large majority of those who come to court to take part in this kind of litigation, are taking this way of solving their problems.

I wish to cite one case, that of an individual who came from Russia. He was an artist. He was forced to flee Russia because of his political beliefs. He came to this city with very scant funds and was compelled by need to accept a menial position, which was that of carrying pictures, pictures which he might have painted himself but was not allowed to, from one place to another. He brooded over this situation and his way of handling it was to develop an hysterical palsy, which he claimed followed a bruise on the right arm.

The prognosis in these conditions has also engaged my attention. With the help of the late John Mitchell, Chairman of the State Industrial Commission, we investigated about 50 of these cases and we found that three years after the close of litigation the trouble had ceased in all but one case, and the individuals were back at work. One case of hysteria still remained disabled. In cases of hysteria, 23 out of 25 cases had recovered in nine months after the closure of litigation. One of these persons got well immediately after hearing; threw down his crutches and was able to walk without them. All the others quoted characteristically recovered slowly. We found them all complaining about something; they all had a series of complaints for which they claimed the accident was responsible. They often have all these complaints written out ready for the examiner.

Concerning the legal viewpoint, I have had only three experiences in liability cases on the stand and all of them were very unpleasant. I had been trained in the discussion of these cases before the State Industrial Commission where rules were very laxly upheld and the discussion was very informal. The Commission acts as an advisory and judicial body. There we went thoroughly into the cases. The physician might interrupt the claimant to ask a question, or he might interrupt the claimant's representatives, and the claimant might ask questions, so the case was thoroughly threshed out. One was never limited in his answer to "Yes" or "No." While this method was not dignified or formal, the cases were nevertheless administered with justice. In the courts, however, they ask you to answer a question "Yes" or "No." Now there are questions that even if the Lord asked one to answer by Yes or No (and I say it with all reverence), one could not do it. No one wants to be garrulous, but you can see from my words this evening that there are conditions that are not clear. The pathological, psychological and physiological basis of these cases is not well worked out and not definitely understood, and when you get a hypothetical question and are asked to answer it with "Yes" or "No" there are very few more uncomfortable situations of which I am aware. If there is room for any other recommendations to be added to those which Dr. Hoag has presented in his paper I would suggest that a plan be worked out by which the self-respect of a physician would not be compromised by accepting this work instead of running away from it as they do now. Dr. Hoag has mentioned something about the "accomplished prevaricator." We know *no* men connected with institutions of "reputable character" who deserve that name and do this thing as a regular business. I know many men who are neurologists and psychiatrists but I do not know a single reputable neurologist or psychiatrist who is an "accomplished prevaricator."

Edwin A. Jones, Esq.: Dr. Fisher says traumatic neurosis is an entity but no pathologist has found it and it has not been found at autopsy. It gets more enigmatical as you go along, and we cannot any longer blame it on alcoholism. The word trauma I cannot understand. It has only one legal phase and that is whether or not it does exist. That must depend upon expert testimony, because expert testimony antedates the lawyers and everybody and it is here to stay. It is grafted on jurisprudence.

The expert man in the time of Cromwell was called a crowner and that has been corrupted to coroner. The function of the crowner was to inquire into crimes and to come back and inform the crown. His function was inquisitous, while ours is litigatious. I know of no way to do away with expert testimony in our system of jurisprudence unless we do as the Chinese. You know they get the men of the opposite sides of a case lined up and then they are told to "go at it," and see who comes out best. I know of no better way of determining justice than the one we have here. Judges are not all they should be and juries are not all they ought to be, but we should have something constructive to offer as a substitute before we attempt to destroy our present system. What we put in its place should be something better adapted to do the who tstifies that a man has traumatic neurosis? You may say traumatic neurosis is a fake, then how about your psychiatrist who testifies that a man has traumatic neurosis. You may say I am trying to pass it back to the medical profession because unscrupulous doctors testify that a man is suffering from traumatic neurosis. As for unscrupulous lawyers, there are lots of them, but we get rid of them by disbarring and disciplining them. We get rid of six or seven of them every week. Do you discipline any doctors? That is the way you should proceed.

I am only speaking about expert testimony because I do not know anything about traumatic neurosis. Traumatic neurosis once cost me $10,000. I had a man who was in a terrible condition and I had three experts who testified and the man was to have an award of $10,000. The day afterward he walked through Grand Street so fast that I could not catch him. There are exceptions. There are people injured who should have compensation. How are we going to differentiate between those who have a vivid imagination and those who have real disabilities? Criminal and civil justice we must have. In any matter apart from the common knowledge of people we must have recourse to that science or art that applies to the particular case; that is we must have expert testimony. Expert testimony is a low order of evidence because expert evidence has to be given by those who are not actual witnesses; in other words, it is hearsay, and the expert must assume what he does not believe when the hypothetical question is asked. Is there a better way than the hypothetical question? I do not know a better way than to call in the expert, whether it is a case of the expert builder, the expert engineer or mechanic or the expert physician.

Trial by jury is the foundation of our legal system and you may try to abrogate it if you can.

Considering the suggestion that the Governor appoint a commission of six or seven or more men to sit for stated compensation and that all persons be required to come before them. In the first instance, if they make a recommendation for a settlement, how about the liability? Who is going to suggest the five or seven men? What are their qualifications and what is the procedure? It seems to me that the best way to have the expert testify is to have him testify without pay. You say then we would get a very poor order of testimony. Pay him on a basis of what is recovered, whether he is paid before he leaves the office or after he goes on the witness stand. You must remember that sometimes the lawyer when he asks the expert questions is just sparring for time, trying to get a basis for his next attack.

Medical expert testimony can be controlled by the medical profession itself. Demand to have the same rights for the administration of discipline and the cancellation of licenses as is given lawyers.

Dr. Hoag, in closing: I am sure the discussion has been very illuminating, entertaining and instructive in every sense. Those who discuss our papers separate the wheat from the chaff, and the practical points are brought out in the discussion as they should be. The principal point I had hoped to make, was that it is my opinion that there is an allied criminality between the individual who forges or embezzles for gain at the expense of others, the individual who feigns insanity as a defense for crime, and the individual who simulates a train of symptoms following accident with intent to defraud. In other words, in all these cases we should continually be on the alert for motive.

Circumcision Forceps.

The circumcision forceps devised by Myer N. Moskovich, Chicago, and described in *The Journal A. M. A.*, April 24, 1920, consist of a pair of handles, not unlike those of the ordinary hemostatic forceps, terminating in circular jaws corrugated on their inner surfaces and having seven equidistantly placed indentations to permit the passage of sutures while the forceps are still in place. The forceps may be used with any of the various methods of performing a circumcision.

The Man Young at Fifty

THE ENTERPRISE OF SURVIVAL AND RE-ESTABLISHMENT AFTER THREE SCORE YEARS.

J. MADISON TAYLOR, A.B., M.D.,
PROFESSOR OF PHYSICAL THERAPEUTICS AND DIETETICS, MEDICAL DEPARTMENT TEMPLE UNIVERSITY,
Philadelphia, Pa.

Popular opinion would have it that when a man has slipped so far down the long hill as to near three score years and ten, he is no longer able "to come back"; he must thereafter be content to set his house in order and wait patiently for the final summons.

Experience by no means justifies so gloomy a conclusion. Many instances are met of astonishing recrudescences of vigor, of endurance and achievement in those of late age. Something needful must have been tardily supplied. While these needs doubtless vary in each one there must be some uniformity, some common denominator, in most. Perhaps a few memoranda of elemental needs and means may prove helpful.

Whatever be one's reserve energies, inherent potentialities, the problem of conservation rests squarely upon character and temperament, the outlook each one takes of life rather than on restitution of structure or function. A will to power amplifies the longevity span. So does a looking out instead of a looking in, a resolve to continue usefulness, service, a contributing to human welfare, a realizing of one's blessings and limitations, go far toward holding one up to the norm of one's efficiency level.

Here we become neatly poised between the urge and the doubt, the purpose or restraint, the dominant wish or the suspended judgment. There are also certain collateral urgings; the appetites and passions modified by reflection and compromise, by ambition and wariness.

Any or all of these considerations, these attributes are contributory agencies of well being, and prove of good use in exigencies. In order to survive, a nice balance in the temperament must be exhibited between courage and caution. However, the impulse to do must be just enough in excess of the impulse to wait, in order that a masterly poise shall be maintained.

Small doubt, however, but that this excess of boldness must be adequate to transmute energy enough for full accomplishment, otherwise stagnation will dim the fires of life all too prematurely.

What are the forms and natures of the handicaps existing, and how can emancipation be secured at will? The early phenomena of ageing have been reviewed in previous essays. Senescence shows a progress of retrogressions with a gradual giving out of energies, especially those residing in the endocrine glands, the chief deterioration being shown in the adrenals. Of this last subject more anon.

Without dwelling here upon the manifold possibilities, probabilities, and resources in prevention of functional impairments, what are those likely to be met in a senescent, or one growing old normally. Let us assume they are appreciated, perhaps already known by the reader and proceed to submit promising recommendations. (See articles by the author, "Perils of Adulthood," also "Self-Regulation," also "Occupations Suitable for Amusements," etc. New York MEDICAL TIMES.)

As a result of a somewhat extensive reading of the rather meager literature of old age phenomena (geriatrics) the conviction grows that here we have a vast realm of unappreciated, certainly neglected, endeavor, amply conservative of ebbing energies.

Modern psychology is opening up hitherto undreamed of means of comprehending the problems of volitional retardation, of mental confusions, commotions, suppressions, bewilderments, disabilities, serving to explain the psychopathies of ageing individuals.

As to such structural defects, inherent or acquired, as may exist in one of past middle age, they may—in any instance—be many; also diverse and more or less indeterminable. They are sure to be present, but may be more significant by their complexity than by their severity. They may be relatively negligible, may indeed be such that when the directing mind is restored to a position of dominant advantage they will, in great measure, subside or sink into the background and cease to vex. So largely do the impaired cells tend to regain normality when freed from the restraints or maladjustments caused by emotional disorders, conflicts of contending hopes, fears, disappointments, perturbations of feeling tones, self-suppressions, the frenzies or apathies induced by renunciations and other so-called "heart sicknesses," that it is entirely possible to promise betterments after readjusting the creature to his normal place in the economic scheme.

Perhaps one reason why less effort has been successfully expended in restoring disorders of personality is that the senescent individual often shows a drab atmosphere of insensibility, of detachment, of sodden unhelpfulness. The attitude seems that of one whose life has been lived, whose past is over and gone, that nothing now is much worth while. Of what use is it, says he, to stir up dubious possibilities when the best to be expected is little enough? Why struggle against the inevitable?

By means of patience, encouragement, determination in adding here a little, there a little, using resourcefulness, tact, and always tenderness mingled with flattery, the adviser is sure to win some response. As a mere *tour de force* the enterprise is well worth the effort.

When a cordial intimacy has been established, a *rapport* between patient and adviser, the quest can be gently pushed, points cleared up, the outer-citadels won and often times curious, interesting, significant and even crucial bits of history revealed.

A full review and an intelligent perspective of the individual's history is most necessary. After the significant points are judicously considered only are therapeutic hints, explanations, suggestions, persuasions, perhaps dominations in order. Thus inqury and recommendation goes hand in hand, the enterprise is a continuous performance with gleams of light growing more frequent and promising.

Among the hindrances will usually be lack of sustained interest by the patient in him or herself, or loss of confidence or of hope or of willingness to believe. Where a younger man would readily reach a position of conviction making for safety, an older man's purposes will fluctuate, veer, tend to recede, need constant bolstering or making fast.

In a long life history one must inevitably encounter cruel disappointments, losses of dear ones, fadings of cherished purposes, also profound chagrins, acting as psychic shocks most hurtful to sustained endeavor. Without a serene faith or the elements of spiritual con-

fidence in the unseen and unknowable beneficence little can be achieved, the least of good anyhow. Make no mistake, the domination of inherent purposes is amply capable of carrying one far. We say the ultimate purpose must be a divine one. Hope, confidence, faith in a final reward cannot die or even shrink, certainly all the evidence is to the effect that it need not.

How Is It That Some Over-Mature Adults Retain So Much More Vigor Than Others? Variations In Power to Live, to Achieve, to Enjoy, to Serve, and to Drive Others.

This inquiry is of interest to each one. Some give the topic no thought whatsoever; they simply exist. To others the thought arises, or is forced upon them when suspicious feelings of inadequacy arise, or they experience no further appetite for knowledge of practical economies or for philosophic reflections. Some grow vaguely excited as visions of the final ending obtrude. For those whose thoughts turn, or are led toward, the beyond, a reaction occurs pleasing or apprehensive and the present fades into relative insignificance in proportion as they are endowed with confidence in the beneficence of the All Power, or win release from terrors dimly perceived. Engine power, dynamics, "pep," is primarily due to the predominance of certain regulative glands, the thyroid chiefly, as special agent for the directing mind. Force or power or steam is of little use, however, unless it be shrewdly directed, controlled and applied.

We may profitably here consider the problem from certain aspects, others may go yet deeper and suggest more significant reasons, so that a working knowledge can be achieved. We all become subject to ups and downs of feelings, of impressions, of energies, of impulses, which puzzle, encourage or dismay. Could we count upon a steady fund of vigor, of endurance, of productivity, each one could confidently rely on achieving whatsoever he may plan, and this puisance would add materially to the world's assets, to human potentialities.

To enjoy a constant flow of energy would serve to carry us steadily on our appointed roads to whatsoever and we plan or determine. Incidentally we should keep ourselves in robust health. The inquiry is one of unfailing interest. There are those who give no thought to the matter, as was said.

As to the question of a relative or proportionate energy fund, of amounts or degrees of available power, we need here to concern ourselves little. Divergencies of endowment there undoubtedly are. By sixty or seventy all those matters have been determined and accounted, or ought to have been.

It is not so much what we have as what we make use of, it is what we have and apply, and how we conduct ourselves. The problem of endowment need not agitate any elderly man or woman seriously. The fact is "the energies of men" as discussed by that wisest of men William James are, in each one, so vast, so abundant, as to be practically limitless. Each one of us can draw upon the energy fund, the source of All Power and All Good to an unbelievable extent. It is there ready to our hand. The real problem is how to get at it, to render it available, to apply it to our needs.

Since no one has ever done this, certainly not to an extent worthy the claim of having so achieved, all you and I need concern ourselves about is: how have we played, or are playing, the great game? We should scrutinize, revise and amend our own methods, also our force transmuters, transmitters, transformers, also what economies we employ in application, adaptation and control.

It is safe to assume we must now, at sixty or seventy to behave vastly better than ever before. The evil days are upon us wherein we may be neither so prodigal, so injudicious, or so careless.

We can count on the assurance, the promise, that we shall enjoy our blessings in proportion as we do our economic duty, fulfill our plain obligations to those gifts which the good God has given.

Doubtless there are some who prefer mere submission. Martyrdom is attractive to many; they acquire a sense of merit through drifting aimlessly through whatsoever happens, "God is in His heaven, all's well with the world." Others again become excited vaguely as ideas of the final ending loom into view.

Unless the spiritual element is extraordinarily predominant—and this is rare—the master emotion or feeling reaction is: "How shall I be able to continue the enjoyment of a fair proportion of the good gifts of vigor heretofore mine but so rarely appreciated?"

Here we confront an ever recurring proposition which can be stated thus: Man as a race is endowed with just so much inherent power for working, for survival, for recuperation, for reproduction, in short so much latent energy. This energy fund to be of any value must be put to use, made available, employed in some judicious manner, constantly and purposively. Then it will prove a source of endless satisfaction and wonder how vast these stores are, they being always in proportion as they are exercised, trained, kept busy.

No greater boon is granted us than a capacity to release energy levels; only second is a capacity to purposively control its distribution and application. Third is to be aware of a continuance in the energy flow upon which to count as a means of carrying one over difficult places, or to establish a uniformity in the passing from one phase of evolution or development to another. The greatest of all material gifts is a conscious knowledge of how to conserve energy, to release just enough, at the right time and situation, to direct it into chosen channels, and so make the most of the fund as to secure the most prompt and complete renewals.

This capital or content of energy thus comes to be vividly interesting, serving as a master topic for attention and research. Upon it tomes are written from the standpoint of science and the arts, notably in astronomy, engineering, and especially the wondrous workings of the human body in and out of health.

For those who are still in the stage of early adolescent prepotencies, of full-blown or of exuberrant energies, "love laughs at bolts and bars." So indeed it is with one whose cast of mind has no reflectiveness, unlikely to take thought for the morrow what to eat, to wear, or to do, how to act or behave. Such fluctuating personalities, pleasing as they may appear, differ little in their endowments from tame cats or dogs or other ease enjoying domestic animals. Life for the human being, however, is vastly complex, surcharged with perilous exigencies, hence no one is ever half safe to merely bask in the sun; too many and too deadly are the perils which lurk in the adjacent shade.

Thus the question of energy content, whether it flows like a handsome oil well or like the same prodegal dispenser or spouter when it suddenly subsides or ceases, becomes a necessary object of solicitude.

In those problems called medical the energy problem is less consistently considered than it deserves. The major part of all disabilities are explainable upon a basis of growth, survival and repair forces, and how they are correlated, become side tracked, con-

fused, thwarted, or can be set and kept in their natural order for efficient and automatic workings. Much new light is being shed on the subject and a few of these findings will be presented here. In the flow or distribution of energies there exist normal contents and variabilities. Likewise there are abnormals which must be reckoned with. (See Researches by Prof. Stockard and Casper L. Redfield.)

You have repeatedly heard those of advancing years assert: "I find it difficult to realize the weight of time." These are those who have been blessed in two major particulars, relative freedom from senescent distresses, and also—much more important—a serene confidenec in their own powers, a freedom from anxiety assaults. The Giver of all good has been kind to them; their associates, especially their intimates, are to be congratulated.

Then there are those on whom for one reason or another neither misfortune or age deteriorations are prematurely thrust. It may be they merely feel a growing and unfamiliar sense of weariness on trifling exertion, the grasshopper is becoming a burden, or slight disharmonies in the moveable parts, or it may be a lameness, or a shortness of breath on exertion, or a beginning heart pang (angina), and the like deteriorations in structure. Or indications may arise of mental slowness, apathy, depression, irritabilities of disposition, and the like evidences of failure in the thinking powers. Too often there appear unlovely qualities exhibited in the elderly: selfishness, indifference to others, suspicion, choleric, temper, or peevish reversals of likes and dislikes, are usually aggravations of early but well concealed faults. As to any or all of these and yet other, perhaps worse faults, they can be reduced amazingly if only a sincere desire to get rid of them can be aroused.

Prodigalities of Energizing Which Imperil Worth-Whileness in Living and Also Survival Values.

Habit formation is the chief instrument for effectiveness, for the elaboration of latent energies. Habit paths are new routes plowed out in groups of nerve cells first, and later in structures.

Habits consist of acts which arise through conscious efforts, these become purposive and later grow through familiarization into subconscious automatisms. Time and effort are thus economized, also precisions and proficiences are acquired.

The value of such habitudes or folkways is obvious. Their cogency is in proportion as plasticity, adaptability, and variability are retained. During the formation of economic habits this growth in proficiency continues. When adaptability merges into fixity or routinity of procedures, a danger arises whereby the force of habit proceeds beyond the verge of control or revision, hence the automatisms tend to dominate volition to the injury of the mechanisms involved, also to induce loss of proficiencies in the individual.

Habits are dominantly mental or physical but usually involve a combination of both. Habit formation being a method of conservation evolved through protective instincts, through impulse elaborations, it becomes the chief agency for effectiveness in energy transmission. As life proceeds habits tend to either converge toward economic procedures or to diffuse, to scatter ineffectively. Complex acts are blends of mental and body processes, but the most important for consideration in connection with late maturity involve fusions of each.

Man must dominate his environment but should not himself alter too much, or change too abruptly or radically, otherwise the difficulty of regaining equilibrium becomes too severe a tax on energies. The temptation to change one's environment is often to lose more than to gain, of tone, of atmosphere, of tradition, of points of view, of "the tender associations which clothe the human animal and constitute his ideal wealth." The binding, cohesive, the mellowing influences in particular tend to fade. When passing to a region in which, for example, a different language is spoken, different customs must prevail, especially when these are not thoroughly acquired, their loss is, however, pathetic.

The prime requisite for preserving the attributes of youth in late age is to maintain a capacity for adjustability. This power is conditioned upon the preservation of mobility, elasticity, and the like motor (kineto-genic) responsiveness.

A fertile source of betterment at maturity and especially in late maturity, is a wise revision and reshaping of habits. In the progressive steps of learning, we must readapt ourselves to exigencies of time, circumstance and choice. We must learn how to do new things with the greatest economy, also to avoid prodigalities of effort and time. We must constantly improve our primal instincts or our early impulsions, we must shorten the road and lessen the load, protecting ourselves from making too much push and too much pull, whereby energy is not only squandered but negatived.

Among the more harmful impulsions which sway behavior in one past the prime, are over-doings alternated with under-doings. Stress is the result at either extreme, whether along sensori motor, psychomotor, or vegative levels of energizing. Especially is stress apparent when the motive or driving force is a suspense, a subconscious striving for vague or restless ideals, which may be too high, or rather too tenuous, neither the way nor the objective being sufficiently definite or practicable.

The drive of sensuousness will, in late maturity, have normally subsided but may flare up, in the male, in the form of morbid recrudescences, of being carried off one's feet. Thus a well poised position in the social scheme may often become wrecked. The effects are pitiful on the whole domestic circle.

It is said of the Bourbons that their distinguishing characteristic was so complete a self-satisfaction that they forgot nothing and learned nothing. Hence they enjoyed a blissful contentment in remaining as they were, as to what they did or did not do.

Of many excellent yet ultra static elderly persons in all ranks of life much the same may be said. To be sure the maxim is current that "a little with contentment is great gain." This is one of those partial or shallow asservations which reflect merely one aspect of truth. When used as a rule of life it is sure to work harmfully, upon one's self. To stand still in life is to retrograde. We are here not considering the broader aspect of effects on others.

In the process of learning how to live, certain sequences follow each other, through experiencing and having experienced. Thus behavior comes to be learned through self-changes, self-revisions and re-adaptations. The overcoming of difficulties results in heightened sensibly through contrasts, oppositions, hence follow redoubled efforts and capacity. The encountering of difficulties teaches the important lessons, gives the real victories.

A Doctor's Story

DOCTOR AND PATIENCE.

HAROLD M. HAYS,
New York

(Continued from page 261)

CHAPTER IV

During my first two months of practice I could count the number of patients I had each month on the fingers of one hand. It didn't take me long to fix up my establishment. I had a neat little sign placed in one of the front windows, bought a few magazines for patients to read while waiting for me (every one of which I read from cover to cover, but which no patient ever touched). I placed these neatly on the centre table in the waiting room, arranged my office cozily and sat down in my desk chair to wait, in front of a clean blotter, neat new stationery on a paper stand, fountain pen and newly sharpened lead pencils. For weeks my bottles in the laboratory remained undisturbed.

I had office hours from nine to eleven A. M. and five to seven P. M. That didn't seem to make any difference to prospective patients though and I'd have treated them with a royal sweep if they had rung my door at midnight. The truth of the matter was that I didn't leave the office any day until after one, when I had to get out to go to the Dispensary where I had assumed a job. I read the popular magazines, brushed up on some of my surgery by wading through the old textbooks, read the *Journal* of the American Medical Association, the newspapers and all the "ads" that came in the morning's mail. These latter were an assortment of boosters of various proprietary drugs, mining stock, real estate particularly suburban, so that you couldn't see it before you bought and so on. Many a time I wished I had money so that I could take a flyer in metal or oil. It was a good thing I didn't have the money.

I wonder if one can realize what it means to a young energetic doctor to spend years in studying and then have to sit in his office for months waiting for patients. It isn't only the question of making money. It's the endless repression of nervous energy. Sitting there hour after hour with absolutely nothing of importance to do. A man in business knows when his hours are over and goes home to wait another day. But the doctor sits tight and sometimes sits tight for days and days without a nibble. He can't advertise his wares. He can't shout out to people that he is a better doctor than the one next door. He must wear a mask on his hungry anxious face and mould it into a sympathetic smile for the first sinner who comes along.

I used to see Dr. Vandeleer pass my window often. He would rush by, black bag swinging at his right side. I wondered whether he was as busy as he seemed to be. I hadn't called on him yet, but one of the fellows to whom I mentioned his name said he was a gas-bag and insinuated that some of his practice was rather shady. I made up my mind I wasn't going to do any phony calling. I heard some of the fellows joking about such things, but it always seemed to me that if a man began to fake like that in the beginning, he'd never stop.

One patient came to consult me the first week. I had run around the corner to get a newspaper shortly before noon. I was surprised to find a plain, unkempt little woman, unhatted and with a distinct Italian face in front of my door. She had a little girl of five with her.

"I come to see you about my little girl," she said as I ushered her into the waiting room after shaking hands with them both cordially. I was so happy that I could have hugged them.

"Yes, yes, Madame?"

"I am Mrs. Solano what you treated nice in the hospital. I was in Ward 12 in a bed right over in the corner. I had such a bad time, doctor. After I left the hospital, my husband who is in the flower business, busted. And my wound she wouldn't heal for a long time. Once I thought I must go to the hospital again. You remember Mrs. Solano, don't you, doctor?"

"Surely I do," I answered with my most winning smile. "You had a gall-bladder operation or—er—an appendix?"

"Gall-bladder," she replied. "And when my little girl she was taken sick I says to my husband we must go to the hospital and see Dr. Snaith. We go there and find that you are left, so I get your address. So my husband comes over here with me in the carriage what we get from my cousin in New Jersey who is visiting us."

I remembered a dilapidated looking rig I had seen down the street. I could see the man in his shirt sleeves and an unkempt woman eating bananas in it.

"Now, Mrs. Solano, come into the office with me and tell me about your little girl."

Mrs. Solano took a seat and while I made notes at my desk, she went on to tell me how sickly Aimee had been; how she was always constipated, too thin, too pale, ate too little and coughed too much. I took as carefully detailed a history as I could have of a million dollar patient.

Then I requested the mother to remove the child's clothes and I went over the thin little body thoroughly. I couldn't find anything seriously wrong except tonsils and adenoids which I insisted must be removed.

As they got up to go, Mrs. Solano bent down, lifted up her skirt, and removed from her stocking, a crumpled dollar bill.

"I am glad I come to you, Doctor. I will go to the Clinic for the tonsils and adenoids," she said. "I pay you what I owe you," and she handed me the dollar.

I had wondered whether she expected to pay me anything at all.

I 'phoned the glad news to Evelyn that evening.

"Put it away, Boysy," she said. "I feel that we ought to keep it for a lucky piece."

"I'll borrow another dollar on the strength of it," I replied laughingly.

I couldn't help thinking about this seemingly insignificant case. The money part wasn't much, but what struck me most forcibly was the fact that while I was an interne at the hospital I must have ingratiated myself with my poor patients somehow. I didn't do it consciously, I was sure. But if one of them came to me why not more? I had always said when someone joshed me about the extra care I gave my patients that I thought they deserved as much consideration as rich people.

"Almost made love to the old lady in Bed 12 this morning, didn't you?" Bill said one morning. "Why do you waste so much time over these poor guys?"

"You miss the point, Bill," I answered. "That old lady has feelings just the same as rich folks. That's point number one. Secondly, I feel happier when I can do something in a decent way. Thirdly—and this I said laughingly—you never can tell. Sometime the old lady may get rich and leave me something in her will."

"Forget it, me boy," said Bill. "As soon as she leaves the hospital, she'll forget all about you."

"Bill, you're a hard-grained nut," I went on. "I expect to practice in this city, and there's no telling when

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Human Hybridism and Multiple Personality.

That there is a relationship between double, or multiple, personality, and ethnic hybridism, seems more than probable, but so far as we know no special observations have been made regarding this point.

When we speak of multiple personality we are not alluding merely to the rare cases that have challenged particular study, but to the fairly common instances furnished in our American life.

An outstanding individual of fairly pure ethnic strain will not reveal incongruous traits assignable to different personalities. Take Woodrow Wilson as an example. In him has been noted a consistent approach to national and international problems by the theological route of his Presbyterian "Scotch-Irish" forebears indeed, he himself confesses the possession of a "single-track mind," by which we undertand just as much a mind that is ethnically limited as one that considers and act upon one problem at a time. Other traits of his that befit a pure ethnic strain of the sort hinted at are his perpetual invocation of the conscience, his tendency toward the moral policing of everybody, his obscurantism disguised as devotion to principle (*à la* Sir Edward Carson), his obstinacy, and his proneness to abstractions. Above all, he has puzzled simple people who understand only frankness because he has brought into public life an unfamiliar secretiveness which is distinctly Caledonian. His single ethnic personality cannily obscures his real purposes, according to the custom of his people, under a maze of idealistic generalizations and evasions. He is constitutionally unable to admit that he already knows something that you tell him about for what you think is the first time—hence one of the sources of the frequent bewilderment of that soviet of lawyers known as Congress, and of those who cannot understand his professed ignorance of the secret treaties. The point is that no contending racial strains hamper his consistent course. He is a puzzle not because of warring tendencies but simply because of his baffling and everlasting canniness. As a matter of fact he is not a puzzle at all—to Scotchmen and casuistic covenanters.

We are equally puzzled by multiple personalities, like those exemplified in a Roosevelt, but for vastly different reasons. In him was witnessed a strange and conflicting conglomeration of pugnacity and peace-making; devotion to external civic order and impulsiveness; sedulous regard for economic institutions and ruthless opportunist statesmanship; trust-busting and the concession of amazing privileges to corporations like the Colorado Fuel and Iron Company; conventional piety and certain adventurings in Panama and Nicaragua; courage and fear—of the tariff issue; brightness and force of personality and dullness of literary style; intellectual superficiality and political acumen; lack of fundamental understanding of the liberal, not to say radical, temperament, and the leadership of the so-called Progressives; instrict for conspicuous dramatic attitudinizing and nightly Bible reading or praying in private; and absorbing interest in the commonplace mind and admiration and emulation of Cromwell. Surely not a cultural complex altogether, but an ethnic one in large part, for of all Americans Roosevelt was the most mixed ethnically.

The Jekyll-Hydes of our common life are ethnic hybrids. If you mix Hollander and Hottentot the progeny will suffer in more ways than one—and sometimes profit as well. When Greece met Ireland in the person of Lafcadio Hearn you got a human being who could live in a negro quarter of our South, marry a Japanese wife and write divinely well. When several ethnic strains mixed in Mexico you got a people whose political erraticism expresses the hybridity of the race and betrays the prevalence of multiple personality.

The neuropathy of the Hebrew is due as much to the mixed blood he has picked up in the course of his vicissitudes as to his persecution; for the possession of a multiple personality spells friction complexes, neuroses and psychoses more often than it spells Roosevelt.

Who knows but what the unremitting resistance of the Irish to the "Saxon foe" has its deepest roots in a wholesome ethnic repugnance which imperiously forbids this particular miscegenation—for as much as any people have the Irish powers of profitable absorption as regards strains other than British?

A double Irish-British personality alarms the writer to the point of concluding his remarks.

Understanding the Wilsons and the Roosevelts and the million other interesting people in this country will be found to depend largely upon inquiry into ethnic antecedents. When Slav meets Dane, and Lithuanian meets Spaniard, then comes the tug of war, and out of the mêlée usually emerges Caliban, but sometimes Prospero.

Children of a Larger Growth.

During the war, about one million, seven hundred thousand recruits were examined by psychologists and classified according to the intelligence revealed by them. H. H. Goddard believes that these men constituted a fair sample of the general population, and that from the results adduced by the army psychologists we may figure out some applications for the one hundred millions of Americans.

Goddard therefore classifies the intelligence of the population into seven grades. Of these, a small group—four and a half per cent—attain the mental age of nineteen. This Goddard regards as a superlative standard. Seventy per cent never exceed the mental age of fourteen, and ten per cent are classified in the ten-year-old class.

All things work together for good. It was a splendid thing that the psychologists of the country were ready when the war broke out to test and assay accurately the intelligence of such a large group of citizens, for the possession of such data as we have referred to, especially as applied to the general population, clarifies many social problems.

This kind of research throws a strong light upon the ease with which the American people can be preyed upon by politicians and other shrewd gentry, who, long before the psychologists appeared upon the scene, had their own occult and intuitive methods of gauging public intelligence. Medical and religious quacks, entertainers, propagandists of the militarist and prohibitionist types, social agitators of the sinister sort, educational charlatans, and proponents of freak cults have been able to carry on their projects with orgiastic intensity. Why not, with so large a proportion of the population inviting them to do their worst?

If the public were not in such large part childlike there would be no chance for the uplifter, welfare folk, philanthropist, charity worker, and paternalist. A community that would stand for health insurance, for example, would also stand convicted of feeble-mindedness.

So far as we can see, the problem resolves itself into an alignment of two forces against each other, one force bent upon exploiting the unintelligent, and the other devoted to minimizing exploitation. The latter force is that of the believers in enlightened self-interest. It is the force that medicine pins its faith to, for an exploited people provides a superabundance of pathology, and that pathology cannot be confined to the exploited class, but invades the most sacred circles. If the seeds of insanity, tuberculosis, immorality and crime are sown broadcast by the exploiters of industry and others of their breed, what new life is not threatened, what loved one is not menaced, who is not himself a candidate for dread reprisals?

But the teeming fools are all about us, and they make the problem a very hard one. One hears the gods titter at times.

Miscellany

CONDUCTED BY ARTHUR C. JACOBSON, M. D.

Quigg.

Quigg has been doorman at the great public hospital for twenty years or more. He is a tall, slim-built man, with a quiet, self-effacing manner. Through his spectacles peer a pair of kindly old eyes, and the thin face is flanked by close-cropped side whiskers and crossed by a thin gray moustache. The color of his uniform blends so with the trimmings of the hospital lobby that his personality is rendered illusive.

Quigg's strategic position as doorman enables him to practice a kind of espionage upon everyone who enters the institution, but he has turned his opportunities to good account, for he makes friends with all the poor who enter either as patients or as visitors. He is a social service department all in himself, for he follows the fortunes of the sick throughout their stay in the hospital, and shares with their loved ones all the hopes and fears that tear at their heart strings. Mind you, this is all so unobtrusive that it passes unobserved of many. Quigg is not a busybody or a gossip, and his tact is equal to that of any old-world diplomat.

Quigg simply proves a kindly host to all the worried folk that pass through his portal. To the timid he imparts confidence, to the young he is a big brother, to the heart-sick he conveys hope, to the ill he suggest trust, to those threatened with the loss of relatives he gives his respectful sympathy, to the lonely he contributes friendliness and cheer.

Quigg is only the doorman, but we doubt much whether there is any personal influence in the hospital more humanizing than is his.

There should be a Quigg at every hospital door, for when you think of it the manner of reception that sick or harried people get there is a very vital thing.

It is on regular visiting days that Quigg is in his greatest glory; then it is a pleasure indeed to watch the progress of this interesting social function. When he has listened gravely to what some visiting physician has said about a case, the opinion seems to gain added weight and sanction, and Tony and his wife go home from Quigg's reception with peace in their hearts.

The quaint Quigg has seemed to us more like a Dickensian character than a man of flesh and blood. What a pleasure it is to record him as a simple and sincere, if lowly, reality.

(Continued from page 286)

one of these people may turn up as a private patient. Moreover, little Bill or Sam or Joe in the children's ward is going to grow into a man some day, and he's going to get married and have children. They aren't all going to stay poor. My kind act may have registered itself in some little brain."

I had reason to remember this conversation this day.

My one dollar was augmented the next week by ten more dollars which I received from Dr. Armstrong for assisting him at a minor operation and when I counted up at the end of the month I found I had made seventy-five dollars on my books and had taken in sixty dollars in cash. I thought that pretty good for the first month and so did Dr. Armstrong when I told him.

"I'll give you another tip," he said at that time. "Get in the habit of keeping books. Not only know what people owe you, but know how many patients you have each month, how many are new patients, how much the total amount for each patient for the month is, how much was taken in in cash and how much is due you. Doctors have a reputation for being poor business men. That needn't and shouldn't be so. If you want to deliver the goods to your patients, you have to have all the paraphernalia necessary for your work and that costs money.

"It's a strange thing, Snaith, but contrary to all public opinion, the successful doctor nowadays, is the one who runs his practice in a business-like way. People are willing to pay good money for services rendered, but they want their money's worth. I hate the doctor who demands his fee before doing a serious operation, for it brings his work down to a mercenary basis and people lose their respect for such men in the long run. But when you have done your work, you are entitled to your money and make up your mind to get it. As a rule, the patient who hasn't paid you after a considerate length of time, won't come back until he does pay you. If you dun him for the money by placing his bill in the hands of a collecting agency, at first he is insulted but sometimes he comes back."

"How often do you send out your bills?" I asked.

"Once a month as a rule," he replied. "In business a man needs money, new money constantly. He either does a cash business or else he sends out his bills once a month. Do his customers complain?"

"No, sir," I interposed quickly. "But I understand that most doctors send out their bills quarterly or half-yearly and some of them send them out only once a year."

"I know that," he went on. "They are rotten business men. Let me put it to you another way. You would consider three hundred dollars a fair fee for an appendix operation even if you had a practice of fifteen thousand dollars a year, wouldn't you? Now let us say that ten thousand dollars of that is on your books at the end of the year. If you send out your bills at the first of the year, it would take you at least six months to get the money. How much is ten thousand dollars at six per cent interest?"

"Six hundred dollars," I instantly replied.

"Exactly. If you cut it in half you will see that you have deprived yourself of three hundred dollars. You are entitled as much as your patient is, to interest on your money."

"That reminds me of a story a prominent doctor told me the other day," went on Dr. Armstrong. "He had performed a serious operation on the child of a wealthy man. A man who had an income of about thirty thousand dollars a year and whose parents gave thousands to charity. The man went to the doctor to see if he couldn't have his bill cut down. The doctor wouldn't do it and rightly he wouldn't. When the man rose to go he said, "Well, doctor, the fact of the matter is I can't pay you at once. I'll have to admit that your services are worth every cent you ask for you saved my child's life. At present all my money is tied up in securites which I can't sell just now. I'd lose the interest." "Frankly, between you and me, Mr. So and So," said the doctor, "whose money is this, yours or mine? Do you realize that if you paid me now, I could make six per cent on that money, too?"

"I never thought of that," thoughfully replied the other. And then he sat down and wrote him out a check for the full amount.

"Let me quote one of my own axioms, Snaith. Every patient considers that he has a right to wait as long to pay you your money as you wait to send your bill."

"Thank you, Dr. Armstrong for telling me all this," I said. "I never thought of it in that way. I'll try to profit by what you've told me."

When I got home that night I wrote out my small list of patients which I had more or less kept in a pocket book which one of the drug houses supplied. I resolved to get bill heads printed right away, and to send out my few bills immediately. It struck me that people might be more willing to pay a small amount at a time than to get a large bill, say at the end of six months.

About nine o'clock I 'phoned Evelyn and told her as much as I could of Dr. Armstrong's advice.

"I'm glad you have such a good adviser, dear," she said. "Tomorrow is Saturday so I'll come over in the afternoon and we can work out things together."

I was just hanging up the receiver when the door-bell rang. When I opened the door I was surprised to see Marie Davis and Dr. Vandeleer there.

"We thought we'd drop in for a moment to see how you are fixed," Marie said coquettishly. "We saw a light in your window. Doctor wanted a word with you, anyway."

When they came in I could see Vandeleer shiftily eyeing things up. After I had shown them my few small rooms, we sat down in the office.

"Pretty decent place, Snaith," said Vandeleer. "But excuse me for saying it, you have made it too poorly simple. Nothing particular to attract the eye. Ought to have a skull or two around and you ought to make the place look busy."

"No use trying to fool myself," I laughed. "I'm not busy and everybody knows I'm not busy, including myself. I'm open for any odd job that comes along."

"That reminds me," Vandeleer said. "How would you like to give an anesthetic for me tomorrow? You wont get more than five dollars. I'm only going to get twenty-five bucks myself. I may get a rich guy for you later."

"Thank you, doctor." I was indeed grateful.

"Alright then, meet at my office at ten o'clock."

"It's in the midst of my office hours," I laughingly answered, "but I'll tell the hall boy to ask anyone to wait. I'll probably be just five dollars ahead."

They left shortly after that. As I was ready to turn into bed, I took out a letter which I had received from Bill Franklyn and read it again.

"I'm located fairly well," it said, "but this setting up in business is some tough job. I've knocked out about ten dollars so far. That doesn't pay my keep. I get three square meals a day somehow and lately I've joined the local club—on tick of course, where I can charge things. We have some great poker games. So far I've kept ahead. Hope my luck stays with me. One of the fellows gave a big blowout last night. Result? My head is as big as a five gallon oil drum this morning and my mouth is full of onions and tin cans. You know I can tank up some when I get going.

"Give my love to Evelyn."

I put down the letter with many misgivings. I resolved that I would answer Bill's letter the next day and read the riot act to him. But the next day was so full of other things I had to put it off.

CHAPTER V.

At precisely ten o'clock the next morning I was in Vandeleer's office. The unkempt maid who answered the door ushered me into the waiting room which was as ornate as I expected it to be. The darkly papered wall was covered with oil paintings in heavy mahogany boxes, which anyone could tell were imitations. The chairs were a promiscuous variety of false antiques. On the floor was an overworn Turkish rug. The windows were framed in frayed tapestry hangings and I noticed that the curtains were rather holy. Dust covered everything. To me, cleanliness was next to godliness, so you can imagine how the place grated on me.

Vandleer came in in his shirt sleeves, collarless.

"Be ready in a moment, Snaith," he said sleepily. "Was out pretty late last night. We have plenty of time. The patient lives next door. Go into the office."

The office was in keeping with the other room. A dusty desk overburdened with newspapers, cigarette and cigar stubs, numerous medical magazines months old, dirty ink-stand, rusted pens, an assorted stationery, and a skull used for an ash receiver. In one corner was a white enameled examining table which was chipped and worn so that the black underneath, showed. On the brown pad was a soiled examining sheet. In the other corner was a washstand which looked as though it hadn't been cleaned in weeks.

We left the house. Ten minutes later we were upstairs in the apartment next door where I was introduced to Mrs. Vantran, the patient. She was dressed in a cheap kimono, her hair done up tight on top of her head. She didn't look particularly sick to me. In fact, her overfleshy arms indicated that she was bordering on

obesity. I had not yet found out what the operation was to be.

It is unnecessary for me to go into details of the operation. Dr. Vandeleer didn't make much pretense at asepsis and his instruments looked worn and rusty. A few towels had been boiled. There was a hand-basin with some bichloride solution. Mrs. Vantran got up on the table, handing the doctor a roll of bills as she did so. I gave her the anesthesia and the doctor performed the operation.

After the doctor got to work, I had a sneaking suspicion that things weren't as they should be. Vandeleer never said a word but worked hastily and expertly as though he had had plenty of experience.

When we were ready to leave, Vandeleer handed me five dollars.

"Much obliged, Snaith." He gave me one of his shifty smiles. "Very good anesthesia. I probably will use you as often as I can."

"What were the indications, Doctor?" I asked.

He looked at me out of the corner of his eye and gave me a long wink.

"Patient in terribly serious condition, old man. She should never be allowed to have any children. Spot in one lung, you know, healing nicely, healing nice, but pregnancy would no doubt aggravate the condition."

"Anybody corroborate your diagnosis?" I asked.

"What the hell for? I'm capable of forming my own opinion. When you give an anesthesia for me, young man, the less you know about the case the better."

But when I got home I couldn't help thinking over the matter. It didn't seem right to make excuses for doing illegal operations particularly on women like Mrs. Vantran who was fully capable, at least so it seemed to me, of bearing healthy children.

I knew the law on the subject so I wondered how a fellow like Vandeleer could get away with it. If he were found guilty in a court of law he could be given twenty years. It made me shudder, to think of it. But that wasn't the only part of it. Each one of us had taken an oath when he took his medical degree not to do such work. Moreover, there was only one excuse for it—one needed the money.

We used to talk over the matter among ourselves at the hospital.

"It's devilish work," one night I said. "I don't mind women not wanting too many children. With the high cost of living, it must be pretty hard to support a big family. Then it's a crime for a young woman to be constantly bed-ridden or taking care of children. But there's another side of it—a big moral side. One should'nt get married and then avoid the responsibilites of marriage which includes the bringing of children into the world."

"But you believe in the limitation of the number of children, don't you?" one of the men asked.

"Naturally," I replied. "Everyone ought to believe in the prevention of conception to a certain extent. The best evidence that the majority of people believe that way —that is the more enlightened or intelligent people—is that their families are limited to one or two children. These people don't avoid the bringing of children into the world because they want to. Social and economic reasons make it necessary, particularly in the large cities."

"Let me put a hypothetical case to you, Snaith," interposed Collins, who was considered our most religious and God-fearing doctor. "I agree with you on the question of illegal operations and perhaps on the question of limitation of families, too. But what would you do in a case like this? A young girl and a young fellow, very much in love with each other, engaged to be married, both of fine families get into trouble. You know what I mean. In spirit they are as much married as God would wish them to be and the only thing that makes the difference between disgrace and approbation is a legalized marriage. The young man would like to marry the girl at once, but it is impossible. He simply is in no financial condition to support a wife. If they don't marry and the girl is found out, she is socially ostracised. Has to wear a scarlet letter. The child must suffer all his life from his parents' misstep. Pretty tough situation, isn't it? And it's happening every day."

Collins emptied his pipe in a near-by cuspidor and then continued:

"Now, we'll say you know both of these young people. Know their families. The girl comes to you and sobbingly tells you her troubles. She is on the verge of doing away with herself. Now what would you do, Snaith?"

"Gee," I thought before I answered him. "Pretty tough. Damned if I know what I would do. I hope I'll never come up against a case like that."

"Well, I know what I'd do," vehemently replied Collins. "I'm as God-fearing as anybody—but I have my own ideas of right and wrong. That young couple committed no sin in the eyes of God. If they hadn't loved each other that would be different. Why the devil a legalized marriage should make such a difference is hard to understand sometimes. If that girl came to me I'd help her if I could."

"Bully for you," ejaculated Jim Henry, one of our frivolous internes. "I'm going to hand your cards around to all Strayers from the—Beaten—Path as soon as you hang out your shingle."

After what I had witnessed that morning, I had the feeling that I'd never do anything like that no matter how much I needed money. It was dirty work. I know of doctors who worked up their practice by doing things for women. But I'm sure after they were once successful, they regretted having started in that way. I don't know how these doctors keep from being found out, for if there is one woman who will tell a friend who will tell another friend who the doctor was who helped her out of trouble, it is the garrulous woman who spends her afternoons playing bridge for money rather than bringing up children.

I puttered around my desk restlessly. I didn't expect anyone except Evelyn in the afternoon. I heard the door-bell ring.

The man whom I ushered into my office was unkempt. His hair was matted down and dried, his spotted clothes hung loosely on his emaciated body. His eyes had a peculiar look. Even after coming out of the sunshine into the darkened room his pupils remained small. He jerkily pulled his nose or rubbed it every few moments.

"You the doctor, ain't you?" he asked huskily.

"Yes, I'm Doctor Snaith," I replied testily. "What can I do for you?"

"I been nervous for a long time, Doc. Got to have a needle. Ain't had one in a long time. Only thing soothes my nerves."

I suspected as much. I had seen dope friends before. It wasn't hard to recognize them.

"Sorry I can't help you. I'm not in that business."

"For God's sake, doctor," cried the man. "Ain't you got any sympathy? I been out of coke and morphine for a week. I'm dyin', I am. I can't seem to get any anywhere. I got money, I have, Doc, plenty to pay you. Be a good fellow," he whined as he eagerly grasped my wrist. "Here, here," he pulled a roll of

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crumpled bills out of his pockets. "Here's five dollars just for one grain in a needle. I'll leave right away after you give it to me."

"No," I said determinedly.

"By God, Doc, you will. Damn yer soul. You got the dope, ain't you? Well, you'll give me some? Do you hear—" he screamed shrilly and viciously, "you'll give me some."

Before I knew it he jumped at me, grasped me around the neck with superhuman strength and bore me to the floor. I had never been in the grasp of an insane man before. My desk chair turned over almost on top of us. I am naturally strong, but it took me some minutes before I wore him out. With a couple of towels I bound his hands and feet and when I knew he was safe, I 'phoned to Bellevue Hospital for an ambulance. In the course of the next hour it came and he was taken away.

(To be continued.)

Correspondence

Anent the Hall of Fame

To the Editor of THE MEDICAL TIMES:

A few months ago I sent out a plea for recognition of the medical profession in the Hall of Fame and especially for Morton as perhaps the most outstanding figure in American medicine. This was published in many of our leading medical periodicals, and as yours was one which extended the hospitality of its columns to the cause, I am sure you have in no small degree helped in the election of Morton's name. The outcome of the recent election must be gratifying to every American physician who is familiar with Morton's life, his struggles for recognition, and the sad experience he was made to undergo by those who attacked him during life and those who up to this time wished to withhold the credit for his work.

Our never to be forgotten Osler, with his keen sense of justice, gave us the result of his profound study of historical medicine concerning Morton's share in the discovery and promulgation of ether anesthesia in the following words: "William T. G. Morton was a new Prometheus who gave a gift to the world as rich as that of fire, the greatest single gift ever made to suffering humanity"; and Professor Welch confirms the investigation of his life-long friend and in one of his recent letters to me says: "Surgical anesthesia has been America's greatest contribution to medicine and surgery and it would be a thousand pities not to have this recognized in the Hall of Fame. As only one name can be selected for this purpose, it is clear to me that this name should be Morton." Prof. Welch was one of the electors and his influence was doubtlessly an important factor in Morton's final triumph, for from the result of the election it is evident that the majority of the electors were of the same opinion as Professor Welch.

It will doubtlessly interest the readers of THE MEDICAL TIMES to know the exact outcome of this year's election of America's immortals for the Hall of Fame. Of the 178 names voted on the following seven were chosen: Samuel Langhorn Clemens (Mark Twain), who received 72 votes; James Buchanan Eads, the engineer, 51; Patrick Henry, statesman, 57; William Thomas Green Morton, discoverer of ether, 72; Augustus Saint-Gaudens, the sculptor, 67; and Roger Williams, the minister, a leader in liberal religion and founder of Providence, R. I., 66. The only woman who received enough votes to place her name on the roll was Alice Freeman Palmer, the educator, who received fifty-three votes.

That Morton together with our most beloved Mark Twain should have received more votes than any other candidate is a particularly good omen for the medical profession and it is to be hoped that in future elections the names of our other great pathfinders in medicine and surgery may not be forgotten. Such names as Ephraim McDowell, J. Marion Sims, Benjamin Rush, Walter Reed, all deserve a place among the immortals in America's Hall of Fame.

New York. S. ADOLPHUS KNOPF, M.D.

Cerebral Blindness

To the Editor of THE MEDICAL TIMES:

I read with interest the copy in the current MEDICAL TIMES, an excerpt from the *Jour. Ner. and Ment. Dis.* relative to Cerebral Blindness After Injury to Occiput. As these cases seem to be rare as stated I would like to add my observation of a case of blindness from an occipital wound which occurred in the civil war and which I thought might be of interest to the author of the article quoted.

In the eighties a man named Cooper kept a hotel in Granville, Ohio. He was totally blind, drew a pension and his injury is doubtless on record in the pension department in Washington. Mr. Cooper died about September, 1893.

He often told me that he was struck with a bullet in the back of the head at the battle of Monocacy and that his blindness dated from that incident. He was undoubtedly totally

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